



# KYC Form

All information submitted will be handled with strict confidentiality.  
ALL sections of the form must be completed and submit all requested supporting documentation.

## COMPANY/TRUST/INDIVIDUAL INFORMATION

Name	
Description (Person/Entity)	
Address	
Telephone & Fax Number	
Tax ID Number	
TAX Jurisdiction (State, Country)	
Type of Corporation	<input type="checkbox"/> Person <input type="checkbox"/> Corporation/ LTD <input type="checkbox"/> LLC <input type="checkbox"/> Trust

Registered Office Address	
Operational Office Address	
Place of Incorporation	
Date of Incorporation	
Copy of Incorporation Document and Good Standing	

## CLIENT BANK INFORMATION

Name of Bank	
Branch	
Bank Address	
Telephone & Fax	
S.W.I.F.T. Code (or US ABA)	
Account Name	
Account Number	
Account Signatory Name	
Are These Funds Legal, Free & Clear of Tax Liability?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bank Officer Name	
Bank Officer Phone Number	
Bank Officer Email	



## DIRECTORS / PRINCIPAL (BENEFICIAL OWNER) INFORMATION

Director #1 Name	
Nationality	
Passport Country of issue	
Passport Number (Attached Scan to this document)	
Expiration Date	
Date of Birth	
Permanent Address	
Primary Phone Number	
Secondary Phone Number	
Fax Number	
E-mail Address	

Director #2 Name	
Nationality	
Passport Country of issue	
Passport Number (Attached Scan to this document)	
Expiration Date	
Date of Birth	
Permanent Address	
Primary Phone Number	
Secondary Phone Number	
Fax Number	
E-mail Address	

Shareholder #1 Name	
Nationality	
Passport Country of issue	
Passport Number (Attached Scan to this document)	
Expiration Date	
Date of Birth	
Permanent Address	
Primary Phone Number	
Secondary Phone Number	
Fax Number	
E-mail Address	

Shareholder #2 Name	
Nationality	
Passport Country of issue	
Passport Number (Attached Scan to this document)	
Expiration Date	
Date of Birth	
Permanent Address	
Primary Phone Number	
Secondary Phone Number	
Fax Number	
E-mail Address	

## ACCURACY OF INFORMATION

I personally represent and warrant, under penalty of perjury, that to my personal knowledge all of the information provided in this Application is substantially complete and true and correct. Further, I represent and warrant that I have actual legal authority to sign this Application on behalf of myself and/or Client. I hereby agree to notify the Provider if the information which has been supplied changes in any manner.

\_\_\_\_\_  
Signature

Signatory Name	
Title	
Nationality	
Passport Number	
Country of Issue	
Date Signed	

\_\_\_\_\_  
Signature

Signatory Name	
Title	
Nationality	
Passport Number	
Country of Issue	
Date Signed	

## ADDITIONAL DOCUMENTATION REQUIRED

Please attach all of the following applicable documents when submitting this Application:

Companies: Owners of Funds who are corporate entities must provide a certificate of formation, filed articles of formation of company.

- 1) Company Registration
- 2) Filed Articles of formation of Company with Authorized Signature
- 3) Proof of Funds
- 4) Passport of each Director and Ultimate Beneficiaries/ Shareholder

PASSPORT

# ADDENDUM