



Building Lasting Engagements and Strategies for Success

Client Information Form

Bless 4Ward, LLC
Client Information Form
Paymaster Services

This form must be completed by all clients of **Bless 4Ward, LLC** ("B4W") to comply with **Know Your Client (KYC)** and **Anti-Money Laundering (AML)** regulations. The information provided will be used to ensure the security and legality of all transactions handled by our paymaster services.

Client Information

Full Legal Name of Client:

Business Name (if applicable):

Type of Entity:

- ☐ Individual
- ☐ Company
- ☐ Partnership
- ☐ Other (please specify): _____

Registered Business Address (if applicable):

Contact Information:

Phone:

Email:

Website (if applicable):

Source of Funds**Source of Funds for Transaction(s):**

(Please describe the origin of the funds and the nature of the business activities involved.)

Total Amount of Transaction(s):**Beneficial Ownership****Who are the ultimate beneficial owners of this account?**

(Provide names and ownership percentages of any individuals or entities with 25% or more ownership of the account.)

Is the client a Politically Exposed Person (PEP)?

☐ Yes

☐ No

If yes, please provide details:

Due Diligence / Identification Documents

To comply with AML regulations, please provide the following identification documents:

For Individuals:

- ☐ Valid government-issued photo ID (e.g., passport, driver's license)
- ☐ Proof of address (e.g., utility bill, bank statement)
- ☐ Selfie with ID (for verification)

For Businesses/Entities:

- ☐ Articles of Incorporation / Partnership Agreement
- ☐ Proof of business address (e.g., lease agreement, utility bill)
- ☐ List of directors and ultimate beneficial owners (UBOs)
- ☐ Valid government-issued photo IDs of directors/owners

Declaration and Acknowledgement

I, the undersigned, confirm that the information provided above is accurate and complete. I understand that **Bless 4Ward, LLC** is required to comply with applicable Anti-Money Laundering (AML) regulations, and I consent to the use of this information for compliance purposes. I also agree to provide any additional documentation or information that may be requested to ensure compliance with these regulations.

Client Signature:

Printed Name of Signatory:

Date: