

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 of Entity	
Description	
Full Address	
Telephone & Fax Number	
Tax ID Number	
TAX Jurisdiction (State, Country)	
Type of Corporation	Corporation/ LTD LLC Trust
Registered Office Full Address	
Operational Office Full 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 Signatory Name	
Are These Funds Legal, Free & Clear of Tax Liability?	YES NO
Bank Officer Name	
Bank Officer Phone Number	
Bank Officer Email	



www.avisbank.com
www.avisglobal.group
www.avis.business
www.globalfidelitybank.com

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