

DOCUMENTATION ENCLOSED

**\*\*\* CORPORATE ENTRY \*\*\***

DATE: February 27, 2020  
TO: Trade Authority / Program Manager  
RE: Participation in Structured Private Financial Opportunity

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- LETTER OF LIAISON AND COMMUNICATIONS  
AUTHORITY

*E-mail, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be required upon request.*

## UNDERSTANDING THE RULES OF THE ROAD

None of the customary standards and practices that apply to normal, conventional business, investing and finance applies to private funding programs. It is a "privilege" to be invited to participate in a Private Placement Transaction Program, not a "right." The trading administrators and managers have a virtually endless supply of financially qualified applicants. All things considered, the trading administrators and their banks will favor the applicant who provides the best paperwork. An applicant should never underestimate what the trading entities know about him. Failure to provide full disclosure will disqualify the disingenuous. Clients must first prove that they are qualified, not the other way around. Until the client is accepted by Compliance, the Traders, and Trading Banks, no placement can occur. The U.S. Patriot Act has introduced obligatory compliance procedures. Face-to-face interviews with compliance officers and program management are occasionally required, but generally not necessary. Any arrogant or demanding personality will guaranteed to be rejected. Only the principal owner of funds is required as signatory. Corporations must empower an Officer or Director as sole, exclusive signatory by using a Corporate Resolution. Not only do the funds have to be on deposit in an acceptable bank; they must also be in an acceptable jurisdiction. It is felony fraud to submit documents or financial instruments that are forged, altered or counterfeit. Such documents are promptly referred to the appropriate law enforcement agencies for immediate criminal prosecution. The practices, procedures and rules are determined by the U.S. Federal Regulatory Authorities, Western European Central Banks program management, licensed traders and trading banks. It is their decision whom to accept and whom to reject. Contract terms, yield, schedules, etc., are made to fit their needs and schedules – and not the caprices or demands of the investors. This marketplace is highly regulated and strictly confidential, and absolute confidentiality by the investor is a key element of every contract. A client who breaks confidentiality will precipitate instant cancellation. Finally, submission of the application documents to more than one management group at a time is termed "shopping". If an investor "shops" he can expect that this fact shall be quickly disseminated and known among the program management groups who maintain close communication – and will then be accepted by none and rejected by all.

I, **(NAME)**, have read and accepted the above as of this date: **February 27, 2020**

Signature: \_\_\_\_\_

Name:

Passport Number:

Country of Issuance:

## AFFIDAVIT REQUESTING INFORMATION

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), the undersigned, on my own behalf, do hereby affirm that I have requested specific information about Private Placement Opportunities and or the Participation in Investment Programs. The confidential information presented, received, and learned is not for the solicitation of funds, nor is it an offering of any kind, but is for my general knowledge. I confirm that I have requested the information of my own free will and choice, and further confirm that no party has solicited me in any way. I hereby agree to keep all information received from you strictly confidential, private, and proprietary, and that I will not disclose it to any other third party.

I, (NAME), further affirm that any funds or assets I decide to place are done so at my own specific initiative, risk, and authorization with full consideration and without duress. I further affirm that the information received is intended solely for my PRIVATE & CONFIDENTIAL USE ONLY. I am a sophisticated investor by all definitions of that classification known to me; I make my own investment decisions, and have legally acquired assets available. I, hereby reaffirm, under penalty of perjury that I have requested information from you and your organization and that you have not solicited me in any manner.

I, (NAME), understand that the contemplated transaction is strictly one of Private Placement and is in no way relying upon existing regulations in relation to the United States Securities Act of 1933 as amended, or related regulations, and does not involve the buy and sell of securities. I further declare that I am not a licensed securities broker or government employee and understand that neither are you or your organization. I mutually agree that this Private Placement Transaction is exempt from the securities act.

I, (NAME), understand and agree that the ICC NON-DISCLOSURE and NON-CIRCUMVENTION rules apply to this affidavit and business relationship, and hereby agree to the current application standards of the International Chamber of Commerce, Paris, France which rules are made a part hereof by this reference.

I, **(NAME)**, under penalty of perjury, with full corporate and individual responsibility, hereby irrevocably, confirm that neither myself, nor anyone else associated with my organization, my corporation, or the individual investor are working for any Agencies of any Government. I further state under penalty of perjury that I am not involved in any Government entrapment operation.

I, **(NAME)**, under penalty of perjury, with full corporate and individual responsibility, hereby irrevocably, confirm that neither myself, nor anyone else associated with my organization or corporation have been convicted of a felony, either within the United States or anywhere in the world where that crime would be considered equal to a US felony. To the best of my knowledge I am not nor are any of my associates within my organization or corporation considered to be terrorists or on any watch list with the United States Department of Homeland Security.

I, **(NAME)**, agree that all email and facsimile transmitted documents shall be treated as original documents. I further agree that in all cases where plural might apply where singular tense is used it is so applied.

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **February 27, 2020**

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

## CLIENT INFORMATION SHEET

Directions: This document must be completed in full. If a line item does not pertain then insert the term: "N/A" (non-applicable).

### Corporate Information

Full Name of Corporation:

Date of Incorporation:

Incorporated in (City/State/Country):

Registration Number:

Board of Directors (Name & Title):

Officers (Name & Title):

Shareholders (List all shareholders owning more than 5 % of all outstanding shares of Corporation):

### Location of Address: Registered Address (Corporation)

Full Name of Corporation:

Street Address:

City:

State:

Country:

Postal Code:

### Location of Address: Mailing Address (Corporation)

Full Name of Corporation:

Street Address:

City:

State:

Country:

Postal Code:

### Contact Information (Corporation)

Telephone Number:

Fax Number:

Mobile Number:

Email Address:

**Financial Information (Corporation)**

Annual Income of Corporation:

Liquid Assets of Corporation:

Net Worth of Corporation:

Investment Experience (in years) of Corporation:

**Languages / Translator**

Languages:

Does the Signatory speak English?:

If No, Name of Translator:

Tel Number:

Email Address:

**Legal Advisor**

Full Name:

Company:

Address:

City:

State:

Country:

Postal Code:

Telephone Number:

Cell phone Number:

Fax Number:

Email Address:

Skype address: (If applicable)

**Bank Information (Corporate)**

\* Please attach copy of account statement from bank

Bank Name (where funds are currently on deposit):

Street Address:

City:

State:

Country:

Postal Code:

[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

Account Name:  
Account Number:  
Sort Code ABA No.:  
SWIFT Code:  
Account Signatory (1):  
Account Signatory (2):

Bank Officer # 1 Name:  
Bank Officer # 2 Name:  
Telephone Number:  
Fax Number:

**Client Account where Profits to be paid**

Bank Name:  
Street Address:  
City:  
State:  
Country:  
Postal Code:

Account Name:  
Account Number:  
Sort Code ABA No.:  
SWIFT Code:

Bank Officer Name:  
Telephone Number:  
Fax Number:

**Personal Information of Officer(s) of Corporation / Passport Information**

(Please attach copy of corporate resolutions adopted by the Board of Directors appointing and authorizing said officer(s) to represent and legally bind the corporation)

*\* Duplicate the section below for each Director.*

First Name:  
Middle Name:  
Last Name:  
Gender:  
Date of Birth:  
Social Security Number:

**APPLICANT INITIALS** \_\_\_\_\_

[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

Country of Citizenship:

Languages:

Passport Information of Officer(s) of Corporation

*\*Please attach copy of photo and signature page of passport*

Passport Number:

Date of Issue:

Date of Expiry:

Issuing Authority:

Location of Address: Home-Legal Residence (Officer(s) of Corporation)

(Please attach copy of utility bill)

Full Name of Officer:

Street Address:

City:

State:

Country:

Postal Code:

Home Phone n°:

Cell phone n°:

Home Fax n°

Private email address:

Skype address: (If applicable)

*(Below, duplicate the section above for each Director)*

### Investment

Funds available for this transaction:

Type of currency:

Origin of funds:

Are these funds free and clear of all liens, encumbrances and third party interests:

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **February 27, 2020**

**APPLICANT INITIALS** \_\_\_\_\_

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[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

**APPLICANT INITIALS** \_\_\_\_\_

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## CORPORATE RESOLUTION

INVESTOR TRANSACTION CODE:

All of the directors of **(COMPANY NAME)** below listed were in attendance, in person or by telephone conference. General discussion was then held concerning the issue, and all aspects of the same, were fully explained in detail to the satisfaction of the board members.

DIRECTOR Name/Title:  
Passport No.:

DIRECTOR Name/Title:  
Passport No.:

DIRECTOR Name/Title:  
Passport No.:

SECRETARY Name/Title:  
Passport No.:

The Board of Directors of **(COMPANY NAME)** an International Business Company incorporated on **(DATE)** in **(LOCATION)** in **(COUNTRY)**, with Registered Offices at **(ADDRESS)** in a meeting held on this the **(Day)** Day of **(MONTH)**, **(YEAR)**, adopted the following resolutions.

### RESOLUTION 1:

It is resolved that the Board of Directors of **(COMPANY NAME)** hereby authorizes: **(NAME)** holder of Passport Number **(NUMBER)** issued on **(DATE)**.

As our Managing Member, as the **(President-CEO etc)** who assigned authority, on our behalf stay and name, to instruct, negotiate, arrange, monitor, execute, manage and sign any and all agreements and/or necessary contracts with third parties pertinent to all financial transactions with bank instruments (securities/derivatives)

### RESOLUTION 2:

It is resolved that at this meeting of the Board of Directors that our Managing Member and in fact **(NAME)** acts for **(COMPANY NAME)** with regards to the afore said financial investment.

RESOLUTION 3:

It is resolved that **(NAME)** is hereby authorized to act as our Financial Director for afore said purpose.

RESOLUTION 4:

It is resolved the Board of Directors of **(COMPANY NAME)** hereby authorized **(NAME)** to assume all authority, powers, duties, signatory rights and responsibilities on our behalf.

RESOLUTION 5:

It is resolved that **(NAME)** is hereby authorized to open a personal, corporate, trading, trust and/or custodial account in any bank, domestic or foreign and to sign such resolutions as may be required by such bank to accomplish the objective(s) as stated herein and to give irrevocable instructions to said bank(s) on our behalf.

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **February 27, 2020**

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

Signature: \_\_\_\_\_

Name / Title: **SECRETARY**

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

## LETTER OF EXCLUSIVITY

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, **(NAME)**, bearing **(COUNTRY)** Passport No. **(NUMBER)**, authorized signatory of the Account No **(ACCOUNT NUMBER)** at **(NAME OF THE BANK)**, located at **(ADDRESS OF BANK)**, the undersigned, (hereinafter referred to as the "INVESTOR"), hereby with full, personal and legal responsibility under penalty of perjury of law, represent, warrant and attest that:

I, the undersigned, have full legal title, rights, interest, control and authority to commit and invest these funds and have chosen to do so of their own free will and sole decision without any solicitation or influence from the trade administrators.

I, the undersigned, principal party involved in this transaction do not have any other party working with or authorized to work with these funds allocated for above-mentioned reference code, nor have any other parties been authorized to invest these funds, nor have other funds from myself or the corporation been placed with other parties for a similar investment. Further I attest that I have sent Cease & Desist Notices to any other intermediaries or trade groups that have had access to our paperwork in the past.

I, the undersigned, herewith grant Program Manager, full exclusive right as our sole agent for 3 Months and 1 Day (Three Months and One Day) and/or the period of the contract whichever is later including any proceeds of the investment if re-invested, from the above date, to enter these funds for me, or the Corporation into the best available investment

I, the undersigned, understand, and I am fully aware that this transaction will be registered with a major world bank and/or the Federal Reserve and the submitted private and confidential paperwork will be forwarded for the sole purpose of establishing necessary dossier due diligence and clearance for this transaction.

I, the undersigned understand and acknowledge that the Program Manger (hereinafter referred to as the "Trade Coordinator") will initially base the placement of this transaction on the face value representations and documentation presented, and that any misrepresentation may be

[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

considered criminal bank fraud. I, the undersigned hereby indemnify the Trade Coordinator against any misrepresentations.

Facsimiles or electronically transmitted documents are deemed as legally binding as delivered originals.

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: February 27, 2020

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

## LETTER OF INTENT

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, **(NAME)**, the undersigned, hereby confirm under penalty of perjury, my full commitment and agreement to participate in an investment opportunity, subject to my acceptance of the terms, conditions and procedures that shall be outlined in the Private Placement Program.

Furthermore, I hereby warrant and represent that I have available for placement into the proposed investment, the sum of **(SPELL AMOUNT)** United States Dollars **(\$\_\_\_\_,000,000.00 USD)** of clean, clear funds, free of any levy, liens or encumbrances and of non-criminal origin, and herewith attach documentary evidence of same. I hereby warrant and represent that the Rule of Full-disclosure has established these funds were legally obtained from non-criminal business or actions. I further confirm that I am the beneficial owner of these cash funds, that I have full signatory authority and control thereof, and that such funds are available for immediate placement at my sole discretion.

I confirm and acknowledge, with full responsibility, that neither your company nor anyone working on your behalf has solicited me; that the documents that I shall receive shall not be deemed to be a solicitation of funds in connection with an investment program; and, that I am approaching you voluntarily for the purpose of securing participation in a bona fide Secure Private Placement Program.

I am prepared to instruct my bank to act upon the funds as required pursuant to the specifics of this program. In the case of Blocked Funds, it is my understanding the funds will be blocked and or reserved) in the account and they will remain, at all times, non-callable.

I hereby request information from you covering the terms, condition and procedures of a secured investment and look forward to commencing the transaction, upon my acceptance of the agreement.

Email, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request.

[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **February 27, 2020**

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

APPLICANT INITIALS \_\_\_\_\_

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## LETTER OF CEASE & DESIST CONFIRMATION

DATE: **February 27, 2020**

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, **(NAME)**, bearing **(COUNTRY)** Passport No. **(NUMBER)**, duly authorized and full legally representative director for and on behalf of **(NAME OF COMPANY)**, give notice to have Cease and Desist and any/other group previous group approached in the past regarding our/my files

I, **(NAME)**, make a clear statement and confirm under risk and penalty of perjury not to have any other entities, associations, financial institutions, affiliates, intermediaries, groups or others with my /our permission nor any specific authorization to handle nor process any one of my /our documents as from **February 27, 2020**

And that; All previous entities, associations, financial institutions, affiliates, intermediaries, groups or others have been notified of such by the correspondent official Cease and Desist Letter communication. This exclusive authority and engagement shall continue fully effective until cancelled in writing by me.

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **February 27, 2020**

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:



## SOURCE OF FUNDS AFFIDAVIT

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, **(NAME)**, bearing **(COUNTRY)** Passport No. **(NUMBER)**, duly authorized and full legally representative director for and on behalf of **(NAME OF COMPANY)**, do solemnly swear/attest the following statements to be true.

I, **(NAME)**, declare under penalty of perjury and with full personal and legal responsibility under the International Court of Law that I legally hold the sum of **(SPELL AMOUNT)** United States Dollars **(\$\_\_\_\_,000,000.00 USD)** and it is deposited in Account No **(ACCOUNT NUMBER)** at **(NAME OF THE BANK)**, located at **(ADDRESS OF BANK)**.

I further declare these funds are current and valid currency lawfully obtained and constitute clean, cleared funds of legitimate, non-criminal, commercial origin. There are no liens, contractual obligations or encumbrances of any kind against these funds.

I have full and complete, legal ownership of, and the unrestricted right and authority to pledge or otherwise utilize these funds. The funds are ready for transfer or release upon my instruction.

These funds are authentic and verifiable. I am not aware of any matter which could or might cause the non-validation of these funds and I hereby indemnify the Program Manager and/or assignees, intermediaries, or other parties involved, against any claims, demands, civil and/or criminal in nature, and liabilities, damages, or expenses including without limitation any attorney's fees which may arise, whether in whole or in part, caused by reason of reliance upon this sworn declaration.

E-mail, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request.

[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **February 27, 2020**

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

**(THIS DOCUMENT MUST BE NOTARIZED)**

NOTARY:

## LETTER OF NON-SOLICITATION & REQUEST

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, **(NAME)**, the undersigned, hereby confirm that I have requested of you and your organization specific confidential information and documentation on behalf of ourselves. I hereby declare that I am fully aware of the information received from you is in direct response to my request, and is not in any way considered or intended to be a solicitation of funds of any sort, or any type of offering, and is intended for our general knowledge only. I hereby affirm under penalty of perjury that you have not solicited in any way. I understand that the contemplated transaction is strictly one of private placement, and is in no way relying on or related to the United States Securities Act of 1933, as amended or related regulations, and does not involve the sale of securities. That affiant makes this affidavit knowing that the recipients will rely on the contents hereof, and agrees to indemnify and hold-harmless all recipients and all other parties -- including intermediaries -- against any and all claims resulting from any applicant misrepresentation of a material fact or any loss of asset value or any act (legal or not) of a bank or other financial institution, governing authority or agency, the Federal Reserve or an official or other insider of any such entity. Further, I hereby declare we are not licensed brokers or government employees, and understand that neither are you or your organization. We mutually agree that this private placement transaction is exempt from the Securities Act, and not intended for the general public, and all materials are for private use only.

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

APPLICANT INITIALS \_\_\_\_\_

## AUTHORIZATION TO VERIFY FUNDS

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Authorization to Verify

### INVESTOR TRANSACTION CODE:

Know all men, by these that I, **(NAME)**, at the address shown above, give you clear notice that you have my direct permission and full authority to do all matters necessary to confirm, verify, and authenticate my beneficially owned cash funds and/or application asset(s) and its associated good standing account status, in an amount of **(SPELL AMOUNT)** United States Dollars **(\$\_\_\_\_\_,000,000.00 USD)** on a bank to bank basis. The below stated beneficially owned account is of good, clean, and cleared cash funds obtained via legal means, and is currently available at the bank coordinates below:

Cash Amount: **(\$\_\_\_\_\_,000,000.00 USD)**

Bank Name: **(NAME OF THE BANK)**,

Bank Address: **(ADDRESS OF BANK)**

Account Name: **(ACCOUNT NAME)**

Account Number: **(ACCOUNT NUMBER)**

Account Signatory: **(ACCOUNT SIGNATORY)**

Bank Officer & Title: **(BANK OFFICER / TITLE)**

COPY OF THIS AUTHORIZATION WILL BE LODGED AND PRESENTED TO MY BANK OFFICER.

In witness hereof I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: February 27, 2020

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

C.C.: **(NAME OF BANK AND BANK OFFICER)**

## LETTER OF CONFIRMATION OF BANK OFFICER

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, **(NAME)**, bearing **(COUNTRY)** Passport No. **(NUMBER)**, duly authorized and full legally representative director for and on behalf of **(NAME OF COMPANY)**, do solemnly swear/attest with full legal responsibility, that the following named person is my actual and personal bank officer at **(NAME OF THE BANK)**, located at **(ADDRESS OF BANK)**, who will be available to cooperate with the trader for blocking of the following referenced bank account:

Name Bank Officer & Title: **(BANK OFFICER / TITLE)**  
Bank Officer Telephone: **(BANK OFFICER TELEPHONE)**  
Account Number: **(ACCOUNT NUMBER)**

I, **(NAME)**, hereby swear under penalty of perjury, that I AM THE SIGNATORY of the account, that the funds belong to me, and the information provided herein is accurate and true as of this date: February 27, 2020

For and on behalf of **(NAME OF COMPANY)**

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

## PASSPORT

PROVIDE COLOR COPY ENLARGED (140%) TO THIS SIZE (8½ X 11 INCHES). PICTURE MUST BE CLEAR AND NOT DARK. ENLARGE & LIGHTEN (USING PHOTO SETTING). COLOR SCAN THE PASSPORT INTO YOUR COMPUTER AT A HIGH RESOLUTION IN THE JPEG FORMAT AND INSERT.

[INSERT APPLICANT LETTERHEAD IN HEADER SPACE]

## PROOF OF FUNDS

### CURRENT BANK STATEMENT

CURRENT BANK STATEMENT OR RECENT FIVE (5) DAYS TEAR SHEET IS THE REQUESTED ACCEPTABLE PROOF OF FUNDS. BCL, BANK LETTERS SIGNED BY BANK OFFICER(S), CERTIFICATE OF ACCOUNT OR CONFIRMATION OF FUNDS MAY BE INCLUDED AS SUPPLEMENTAL BANKING. KINDLY INCLUDE UN-SANITIZED CURRENT BANK STATEMENT OR TEAR SHEET WITH YOUR SUBMISSION. TRANSMIT HIGH-QUALITY, COLOR SCANS OF REAL DOCUMENTS. THANK YOU.

## LETTER OF LIAISON AND COMMUNICATIONS AUTHORITY

DATE: February 27, 2020

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized and full legally representative director for and on behalf of (NAME OF COMPANY), hereby authorize (TRANSLATOR NAME), bearing (COUNTRY) Passport No. (NUMBER) having the below contact details, to act as my official liaison in such matters to carry out the duty and responsibility as primary contact to coordinate communication and receive copy of all written and telephonic communication regarding the above transaction as I do not speak English and he is my official translator. Copy of corresponding passport has been included.

Name of Translator: (TRANSLATOR NAME)

Telephone Number: (TRANSLATOR TELEPHONE NUMBER)

Email Address: (TRANSLATOR EMAIL)

Address: (TRANSLATOR ADDRESS)

I, (NAME), hereby swear under penalty of perjury that the information provided herein is accurate and true as of this date: February 27, 2020

For and on behalf of (NAME OF COMPANY)

Signature: \_\_\_\_\_

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance: