

## CLIENT INFORMATION SHEET FUNDS

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We ask you to complete and return this confidential form along with a passport and proof of funds before we can complete funds transfer.

### DISCLOSURE

The following information has to be given to financial institutions in order to comply with their obligation concerning the validation of the contracting parties and identification of the beneficial owner of the funds/assets with respect to the prevention of money laundering. Any items that would not apply should be marked as “*Not Applicable*”.

This material is not intended as an offer or solicitation for the purchase or sale of any security or financial instrument. It is intended to gather important information designed to better assist with your individual process. It is distributed with the understanding that it is not intended to render accounting, legal or tax advice. Please consult your legal tax advisor concerning such matters as needed in order to complete the following questionnaire.

### CLIENT ACKNOWLEDGEMENT

To the best of my knowledge, the information provided in this questionnaire is true and correct and reflects an accurate picture of the company’s current financial situation. I agree and acknowledge that the payment of all taxes due on income or capital gains from the implementation of recommendations remains my sole obligation. I have consulted my tax and legal advisor (s) concerning such matters.

**IN WITNESS WHEREOF**, the parties hereto accept and agree to the above terms and conditions on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

***(Electronic signature is valid and accepted as hand signature)***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

## CLIENT INFORMATION SHEET

**ALL PARTIES ACKNOWLEDGE THAT THE INFORMATION HEREIN IS PRIVATE, AND UNDERTAKE ALL NECESSARY STEPS TO MAINTAIN CONFIDENTIALITY.**

Date:	
Client Full Name:	
Citizenship:	
Date of Birth:	
Tax ID, Federal ID or Social Security No:	
Passport Number:	
Passport Date of Issue:	
Passport Date of Expiry:	
Passport Country of Issue:	
Home Address:	
Home Fax Number:	
Home Telephone Number:	
Cellular Phone Number:	
Email Address:	
Business Name:	
Business Address:	
Registered Office:	
Registration / Tax Number:	
Business Phone / Fax Number:	
Nature or Type of Business:	
Email Address:	
Legal Representative Firm:	
Telephone No:	
Fax No:	
Email address:	
Business Address	
Bank:	
Branch:	
Branch Address:	
Switchboard Telephone Number:	
SWIFT Code:	
Bank Officer's Name:	
Direct Telephone Number:	
Direct Fax Number:	
Account Name:	
Account Number:	
IBAN:	
Account Signatory:	
Funds available for this investment:	

## CLIENT INFORMATION SHEET

FX4 code information	
Bank Officer	
Bank Officer Phone No.	
Beneficiary Bank	
Bank Address	
FX4 Transfer account	
Server account	
Number	
Account	
Number	
User ID.	
User Name	
Common Server IP:	
Interbank	
Blocking Code	
IBAN	
FX4 Account Name	
AMAD	
Global Server ID.	
Global Server IP.	
FX4 Code	
Common Account No.	
Sort Code	
UTR.	
Identity Code	
Logon Server	
Reference Number	
Farm name	
Currency	
FX4 version	

### **SWORN AFFIDAVIT OF ASSET OWNER**

THE UNDERSIGNED, AS THE DULY AUTHORIZED SIGNATORY (FOR THE CORPORATION, IF APPLICABLE) WITH FULL LEGAL AND FINANCIAL RESPONSIBILITY, HEREBY ATTESTS, AFFIRMS, REPRESENTS AND WARRANTS THAT:

WE ARE THE LEGAL, BENEFICIAL OWNER OF THE ASSETS AS FURTHER DESCRIBED BELOW AND WE HAVE FULL AND UNRESTRICTED DISCRETIONARY POWER TO INVEST THE ASSETS UPON SATISFACTORY TERMS.

**THE ASSETS ARE DESCRIBED AS:** *(DESCRIBE THE ASSETS AND IDENTIFY EXACTLY WHERE THE ASSETS ARE LOCATED. THIS DETAIL MUST INCLUDE THE VALUE OF THE ASSETS, THE LOCATION OF THE ASSETS, AND BANK AND ACCOUNT NUMBER OR THE SAFEKEEPING OR DEPOSIT RECEIPT ON THE ASSETS).*

## CLIENT INFORMATION SHEET

*Click here to enter text.*

**THE HISTORY AND ORIGIN OF THE ASSETS ARE:** *(DESCRIBE THE ORIGIN OF THE ASSETS, INCLUDING HOW AND WHERE THE ASSETS WERE OBTAINED, THE ACTUAL SOURCE OF THE ASSETS AND HOW LONG THE ASSETS HAVE BEEN OWNED AND ON DEPOSIT. ATTACH SUPPORTING DOCUMENTATION).*

*Click here to enter text.*

THE UNDERSIGNED ATTESTS THAT ALL STATEMENTS MADE HEREIN ARE MADE SUBJECT TO THE PENALTIES APPLICABLE TO FINANCIAL FRAUD AND/OR BANK FRAUD.

THIS INFORMATION IS PREPARED THIS \_\_\_\_ DAY OF \_\_\_\_, 20\_\_.

I HEREBY SUBMIT MY UNCONDITIONAL GUARANTEE AS TO THE TRUTHFUL AND ACCURATE NATURE OF THE ABOVE,

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title