

## CLIENT INFORMATION SHEET

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

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### 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:  
Email Address:  
Skype:

FINANCIAL INFORMATION (CORPORATION)

1. Annual Income of Corporation:
2. Liquid Assets of Corporation:
3. Net Worth of Corporation:
4. Investment Experience (in years) of Corporation:

LANGUAGES / TRANSLATOR

Languages:

Does the Signatory speak English?

If No, Name of Translator:

Telephone Number:

Email Address:

Skype:

LEGAL ADVISOR

Full Name:

Company:

Address:

City:

State:

Country:

Postal Code:

Telephone Number:

Fax Number:

Email Address:

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:

Account Name:

Account Number:

Sort Code ABA No.:

SWIFT Code:

Account Signatory (1):

Account Signatory (2):

Account Signatory (3):

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

PERSONAL INFORMATION OF PRINCIPAL 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:  
Country of Citizenship:  
Languages:

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

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

PASSPORT INFORMATION OF PRINCIPAL OFFICER(S) OF CORPORATION  
*\*PLEASE ATTACH COPY OF PHOTO AND SIGNATURE PAGE OF PASSPORT*

Name:  
Passport/ID NO:  
Date of Issue:  
Date of Expiry:  
Issuing Authority:

*CERTIFICATE OF INCORPORATION*

*KRA PIN*

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I, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date:

For and on behalf of: .....

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

COMPANY STAMP

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

*PLEASE ATTACH KYC INFORMATION OF THE COMPANY AND COPIES OF  
PASSPORTS OF SIGNATORIES*