# [INSERT APPLICANT’S LETTERHEAD IN HEADER SPACE]

CLIENT INFORMATION SHEET

Directions: This document must be completed in full. DO NOT DELETE ANY TEXT. 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 shareholders owning more than 5% of all outstanding shares of Corporation):

Registered Address of Corporation

Full Name of Corporation: Street Address:

City:

State:

Country:

Postal Code:

Mailing Address of Corporation

Full Name of Corporation:

Street Address:

City:

State:

Country:

Postal Code:

Principal/Signatory’s Contact Information (of Corporation)

Telephone Number:

Fax Number:

Mobile Number:

Email Address:

Skype:

Financial Information of Corporation

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# [INSERT APPLICANT’S LETTERHEAD IN HEADER SPACE]

Annual Income of Corporation:

Liquid Assets of Corporation:

Net Worth of Corporation:

Investment Experience (in years) of Corporation: Languages / Translator

Languages of Signatory:

Does the Signatory speak English? If No, Name of Translator: Telephone Number:

Email Address**:** Legal Advisor

Full Name:

Company:

Address:

City:

State:

Country:

Postal Code: Telephone Number:

Fax Number:

Email Address:

Bank Information of Corporation

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)**:** Bank Officer # 1 Name:

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# [INSERT APPLICANT’S LETTERHEAD IN HEADER SPACE]

Bank Officer # 2 Name:

Telephone Number:

Fax Number:

Corporation’s Bank Account where Profit 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

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

First Name:

Middle Name:

Last Name:

Gender:

Date of Birth:

Social Security Number:

Country of Citizenship:

Languages:

Passport Number:

Date of Issue:

Date of Expiry:

Issuing Authority:

Home Residence of Authorized Signatory of Corporation:

Full Name of Officer: Street Address:

City:

State:

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# [INSERT APPLICANT’S LETTERHEAD IN HEADER SPACE]

Country:

Postal Code:

*(Duplicate the section above for each Director)*

Investment

Funds available for this transaction:

Type of currency: United States Dollars (USD) Origin of funds:

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

I hereby swear that the information provided herein is accurate and true as of the date first written above.

For and on behalf of **(NAME OF CORPORATION)**:

Signature: SEAL OF CORPORATION

Name: Title:

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# [INSERT APPLICANT’S LETTERHEAD IN HEADER SPACE]

It is resolved the Board of Directors of **(NAME OF CORPORATION)** 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 hereby swear that the information provided herein is accurate and true as of the date first written above.

For and on behalf of **(NAME OF CORPORATION)**:

Signature: SEAL OF CORPORATION Name:

Title:

Signature: Name:

Title: Secretary

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