

KYC Individual

| | | |
|--|-------------------|----------------|
| Title <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other, specify:. | | |
| Last Name* | | |
| First Name* | | Middle Name |
| Passport or Identity Card No.* | Country of Issue* | Expiry Date* |
| Telephone Number* | Fax Number | Email Address* |
| Country of permanent residence* | Nationality* | |
| Date of Birth* | Place of Birth* | |
| <u>Gender:</u> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other | | |
| <u>Marital Status*</u> | | |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced | | |
| Taxable Residence: | | |
| Are you a United State resident for Tax purposes: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you a United States Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, please give details _____ | | |
| Jurisdiction(s) for Tax purposes*: _____ | | |
| Tax Identification Number (TIN)*: _____ | | |
| Are you Politically Exposed or associated to any Political person: <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If Yes, please give details _____ | | |
| <u>Occupation*</u> : _____ | | |
| Employer's Name: _____ | | |
| Employer's Business Address: _____ | | |
| Employer's Phone: _____ | | |
| Employer's Website: _____ | | |

Permanent Physical Address*

Street Name & Number

Flat

Area

Postal Code

City

Country

Mailing Address (if different from the Permanent Address)

Street Name & Number

Flat

Area

Postal Code

City

Country

Telephone No.*

Home

Work

Mobile

Fax

E-mail Address*

Personal

Work

Preferred language of communication *

English

Other (please specify)

General Terms

1. I hereby confirm that the information given above is true, correct and complete and you are hereby authorized to use this information for all services offered and for which I may apply from time to time and for all the services offered in the future.

2. Change of Data

For any changes in the data given above, I have the obligation to notify the company the soonest possible and I acknowledge that the company is not liable for any wrong data, or for the non-prompt amendment of data which I have omitted or neglected to send and to inform the company.

3. Know Your Client documentation

Please attach to this application form, where applicable, the following documents:

| N: | Policy name | Tick (client use) | Tick (internal use only) |
|----|---|----------------------|-----------------------------|
| 1 | Color copy of Identity Card or Passport | | |
| 2 | Copy of a recent Utility bill (e.g. of electricity or telephone, or other document to the satisfaction of the Company evidencing the permanent residence of the Customer - maximum 6 months old). | | |
| 3 | Recent bank statement if applicable (maximum 6 months old) | | |

**The above documents are not exhaustive and the Company may require additional documents where this shall be deemed necessary.*

I hereby declare and confirm that these are true and correct and that I have not withheld any relevant or substantial information.

I confirm that I have delivered whatever is required in accordance with point 3 above and that such are original and authentic and content is true and accurate.

.....
Customer Name:

.....
Signature

.....
Date