**KYC/CIS FORM**

Private Confidential

DATE: July 30, 2020

*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.*

For and on behalf of **NAME OF COMPANY/INDIVIDUAL**

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

Name/Title:

Company:

Passport/Driver’s License Number:

Date of Issue:

Date of Expiry:

Country/Jurisdiction of Issuance:

Client Information Sheet

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

Corporate Information

Full Name of Corporation:

Date of Incorporation/State:

Registration Number:

Board of Director/Title:

Shareholders:

Location of Address: Registered Address (Corporation)

Full Name of Corporation:

Street Address:

City:

State:

Country:

Postal Code:

Location of Address: Mailing Address (Corporation)

City:

State:

Country:

Postal Code:

Contact Information (Corporation)

Telephone Number:

Fax Number:

Mobile Number:

Email Address:

Languages / Translator

Languages:

Does the Signatory speak English?:

If “no”, name of Translator:

Telephone Number:

Email Address**:**

Advisor / Finance / CPA

Full Name:

Company:

Address:

City:

State:

Country:

Postal Code:

Telephone Number:

Fax Number:

Email Address:

Bank Information

Account Name

Bank Name:

Bank Address:

Bank Code:

Bank Telephone:

Bank Facsimile:

Account Number:

Sort Code ABA No.:

SWIFT Code:

Account Signatory :

Bank Officer Name:

Telephone Number:

Fax Number:

Personal Information of the Transactional Signatory Authorized by Corporation

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

First Name:

Middle Name:

Last Name:

Gender:

Date of Birth:

Country of Citizenship:

Languages:

Passport Information of Officers(s) of Corporation

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

Passport Number:

Date of Issue:

Date of Expiry:

Issuing Authority:

Date of Birth:

Drivers License:

Date of Issue:

Date of Expiry:

Issuing Authority:

Location of Address:

Full Name of Officer:

Street Address:

City:

State:

Country:

Postal Code:

*(You may duplicate the section above for each Director involved in transaction)*

I, [PERSON’S NAME] of **[NAME OF ENTITY]** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name/Title:

Company:

Passport/Driver’s License Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

CORPORATE RESOLUTION

All of the directors of [**ENTITY 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/Driver’s License Number:

The Board of Directors of a Company incorporated on  **[DATE]** in **[LOCATION]**, with Registered Offices at **[LOCATION]** in a meeting held on this the [NUMBER] Day of  **[MONTH]**,[YEAR] adopted the following resolutions.

RESOLUTION 1:

It is resolved that the Board of Directors of  **[COMPANY NAME]** hereby authorizes:holder of passport/driver’s license number [NUMBER]issued on [DATE].

As our Transactional Managing Member, who currently holds the office of with 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 Transactional 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 person name  to assume all authority, powers, duties, signatory rights and responsibilities on our behalf.

RESOLUTION 5:

It is resolved that person 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:

For and on behalf of **[COMPANY NAME].**

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

Name/Title:

Company:

Passport/Driver’s License Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

Passport

Current DRIVER’S LICENSE

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 THEM ON THIS PAGE.