**CLIENT INFORMATION SHEET** IN ACCORDANCE WITH ARTICLES 2 THROUGH 5 OF THE DUE DILIGENCE CONVENTION AND THE FEDERAL BANKING COMMISSION CIRCULAR OF DECEMBER 1998, AND UNDER THE US PATRIOT ACT OF 2002, AS AMENDED IN FEBRUARY 2003 CONCERNING THE PREVENTION OF MONEY LAUNDERING AND 305 OF THE SWISS CRIMINAL CODE, THE FOLLOWING INFORMATION MAY BE SUPPLIED TO BANKS AND/OR OTHER FINANCIAL INSTITUTIONS FOR PURPOSES OF VERIFICATION OF IDENTITY AND ACTIVITIES OF THE CLIENT DESCRIBED BELOW, AND THE NATURE AND ORIGIN OF THE FUNDS WHICH ARE TO BE UTILIZED. THE FOREGOING IS SUBJECT TO AGREEMENT BY ALL PARTIES TO WHOM THIS INFORMATION IS PROVIDED THAT THEY ARE OBLIGATED TO RESPECT THE PRIVACY RIGHTS OF THE CLIENT AND ALL INDIVIDUALS DESCRIBED HEREIN, AS WELL AS THE GENERALLY ACCEPTED PROFESSIONAL STANDARDS RELATING TO THE MAINTENANCE OF CONFIDENTIAL INFORMATION, AND TO TAKE ALL APPROPRIATE PRECAUTIONS TO PROTECT THE CONFIDENTIALITY OF THE INFORMATION CONTAINED HEREIN, THIS LEGAL OBLIGATION SHALL REMAIN IN FULL FORCE INDEFINITELY WITHOUT RESTRICTION.

**Please note: Document must be completed in full. Insert “N/A” (non-applicable), where needed.**

**Type of SBLC to be Monetized and Traded:**

**XXX% leased SBLC face value: $**

**XXX% dollar amount to be paid for leased SBLC: $**

**Method of payment:**

**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:

**Location of Registered Corporate Address**

Full Name of Corporation:

Street Address:

City:

State:

Country:

Postal Code:

**Location of Corporate Mailing Address**

Full Name of Corporation:

Street Address:

City:

State:

Country:

Postal Code:

**Contact Info for the Corporation**

Full Name & Title:

Percentage of ownership:

Telephone Number:

Mobile Number:

Email Address:

**Languages / Translator**

Languages spoken:

Does the Signatory speak English?

If No, Name of Translator:

Telephone Number:

Email Address**:**

**Legal Advisor**

Full Name:

Company:

Address:

City, State,

 Zip Code:

Country:

Telephone Number:

Email Address:

**Corporate Bank Information**

Bank Name (where funds are currently on deposit): Street Address:

City, State:

Zip Code:

Country:

Account Name:

Account Number:

Sort Code ABA No.:

SWIFT Code:

Account Signatory:

Bank Officer # 1 Name:

Bank Officer # 2 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:

Social Security Number:

Country of Citizenship:

Languages:

**Passport Information of Officers(s) of Corporation**

Passport Number:

Date of Issue:

Date of Expiry:

Issuing Authority:

**Location of Address: Home-Legal Residence (Officer of Corporation)**

Full Name of Officer:

Street Address:

City:

State:

Zip Code:

Country:

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: , 2023

For and on behalf of **(NAME OF COMPANY)**

Signature: SEAL OF COMPANY

Printed Name:

Title:

**Passport Color Copy (150% increased size)**

**Business Registration Copy**

**Latest Bank Statement Copy**