	(NOWLEDGE OF CLIENT FORM	
HAVEN .		DUEÑO AUTORIZADO
	FECHA DE APERTURA:	N° DE CUENTA:
SOLUTIONS		
#2011 ATTREBUSERSHIPSSES		, if an item does not apply, write N/A
COMPLETE NAME	PERSONAL INFORMATION	Torsupen.
CONTRETE NAIVIE	LAST NAME	GENDER
MARITAL STATUS	NATIONALITY Nacionalidades.	PLACE OF BIRTH
BIRTH DATE	HOME PHONE NUMBER	MOBILE PHONE NUMBER
M: D: Y:	~	
E-MAIL:		FAM TO BE TO
		FAX: NO SE WA
D TYPE	ID NUMBER	ID EXPIRATION DATE
O PASPORT O CEDULA O DIMEX CEDULA DE RESIDENCIA	9	M. D. V.
SOCIAL SECURITY # (ONLY U.S. CITIZENS)	OCCUPATION AND PROFESSION	M: D: Y:
A A A (ONET U.S. CHIZENS)	OCCUPATION AND PROFESSION	PERMANENT PHYSICAL ADDRESS
N-A		THE PROPERTY OF THE PARTY OF TH
STREET:		CITY
STATE	COUNTRY	POSTAL CODE
		*
HAVE YOU OR YOUR SPOUSE HELD A GOVE	FRNMENT POSITION OR CONSIDERED A	YES/SI
HAVE YOU OR YOUR SPOUSE HELD A GOVERNMENT POSITION, OR CONSIDERED A POLITICALLY EXPOSED PERSON?		O NO
	EMPLOYMENT INFORMATION	- Miles
COMPANY NAME/NOMBRE DE LA EMPRES		COMPANY ACTIVITY
EL EDUONE MUNICED	Tooley and the second	
TELEPHONE NUMBER	COMPANY ADDRESS	
GROSS MONTHLY INCOME	- AS CONCEPT OF SOUVCE OF INCOM	№ JOB POSITION
		*
OTHER INCOME (RENTALS, IRA, INVESTME	NTS, OTHERS)	
*		7
	COLUDER OF FUNDS	
INDICATE THE SOURCE OF FUNDS/ INDIQU	SOURCE OF FUNDS	
		пуботивните Политии
SAVINGS AND/OR SALARIES SOCIA	L SECURITY AND/OR PENSION IRA IN	IVESTMENTSRENTALS
LOANS CORPORATION INCOME	SALE OF REAL STATE OTHERS:	
INDICATE THE PURPOSE OF THE TRANSACT	rions	**************************************
PURCHASE OF REAL STATE AND CLOSIN	G COSTS PAYMENTS PURCHASE OF VEHIC	LES CONSTRUCTION PAYMENTS
INVESTMENTS UTILITY BILLS	AXES TRUST OTHERS:	
ESTIMATED AMOUNT OF TRANSACTIONS	DEBITS AND CREDITS	
(\$0-\$10,000 (\$10,001-\$20,000)	()\$20,001-\$35,000 ()\$35,001-\$50,000	() \$50,001-\$100,000
\$100,001-\$200,000 () \$200,001-\$300,000	O\$300,001-\$450,000 O\$450,001-\$600,0	
O \$800,001-\$1,000,000 O \$1,000,001-\$99,00		
The information contained in this form mu	ist be updated when any eventual change oc	urred or maximum every two years
It is client's responsability to inform the es		
	ath: 1) His/her income and accumulated asset	
activities. 2) This form has been completed	d properly and the information provided is tr	ue and correct.

NOTARY SIGNATURE / DATE

ESCROW AGENT SIGNATURE / DATE

NoA

CLIENT SIGNATURE / DATE