

FORM OF KYC QUESTIONNAIRE

Proof of Identity

*For Individuals: Please provide copies of your **national identification card** or **passport**. If your proof of identification document is in a language other than English, we will accept only official and certified English translations of the document. The following details must be clearly visible:*

1. Your photograph
2. Your legal name
3. Date of birth
4. Document serial number
5. Document issue date
6. Document expiration date
7. The seal or authentication of the issuing authority

Proof of Address

Please provide us with copies of your proof of address. Acceptable forms for proof of address include: utility bills within the last 6 months, documents issued by a bank within the last 6 months, documents from the government within the last 6 months. If your proof of identification document is in a language other than English, we will accept only official and certified English translations of the document. The following details must be clearly visible:

1. Issue Date
2. The official letterhead or logo of the issuing authority
3. Your address

For Individuals—Please answer the following:

1. Full Legal Name: _____
2. Date of Birth (month/date/year): _____
3. Nationality: _____
4. Immigration Status in the United States: _____
5. Social Security Number: _____
6. Address for Correspondence: _____

7. Primary Phone Number: _____
8. Permanent Address or Residence: _____

9. Overseas Address (for non-U.S. permanent residents): _____

10. Gross Annual Income: (ranges) _____

11. Occupation: _____

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*For Non-Individuals: Please provide copies of your **certificate of incorporation or registration**. If your proof of incorporation or registration document is in a language other than English, we will accept only official and certified English translations of the document. The following details must be clearly visible:*

1. The legal entity name
2. Date of incorporation or registration
3. Document issue date
4. Document expiration date
5. The seal or authentication of the issuing authority

For Non-Individuals—Please answer the following:

1. Name of Applicant: _____
2. Date of Incorporation or Registration: _____
3. State of Incorporation or Registration: _____
4. Entity Identification Number: _____
5. Address for Correspondence: _____

6. Contact Person: _____
7. Title of Contact Person: _____
8. Permanent Address: _____

9. Annual Revenue: _____