



Vantu Bank

INVESTING IN PARADISE

Declaration of Source of Funds (DSF) submitted via email for inward wire payment.

Reference No: HitarthDoc61751

Instructions: Please fully complete and sign this form before wiring your funds.

When you click the 'Submit' button below a copy will be sent to Vantu Bank immediately.

Note: Vantu Bank's customer service may contact you to authenticate your expected payment. Please make sure the contact details below are valid. If Vantu Bank needs to reach you and is unable to do so within 48 hours your funds may be put on hold. The purpose for the wire must be made clear in order to prevent delays.

DETAILS OF YOUR ACCOUNT AT VANTU BANK LTD.	
FULL NAME OF YOUR ACCOUNT AT VANTU BANK	ILS FIDUCIARIES (SWITZERLAND) SARL
FULL ACCOUNT NUMBER OF YOUR ACCOUNT	100-070378-1
YOUR FULL NAME	Nilam Doctor
YOUR TELEPHONE NAME	4698186025
YOUR EMAIL ADDRESS	hitarth.green@gmail.com
YOUR TYPE OF OCCUPATION/BUSINESS	Architecture
REFERENCE (Quote this reference number in your deposit)	HitarthDoc61751
DETAILS OF YOUR INWARD WIRE PAYMENT	
CURRENCY	USD
AMOUNT	2,000.00
AMOUNT (Words)	Two Thousand USD ONLY
DETAILS OF THE SENDER OF YOUR INWARD WIRE PAYMENT	
FULL NAME OF ORIGINATING PARTY	Nilam Doctor
YOUR FULL PHYSICAL OR STREET ADDRESS	B/804, Jeevan Dham Complex, Opp. BSNL Telephone Exchange, Satellite Road
YOUR CITY, STATE, ZIP Code, COUNTRY	Ahmedabad, Gujarat, 380015 INDIA
ORIGINAL SENDING BANK NAME	ICICI Bank
ORIGINAL SENDING BANK ADDRESS	JMC HOUSE, Ahmedabad INDIA
ORIGINAL SENDING BANK SWIFT CODE	ICICI000024

Vantu Bank - Declaration of Source of Funds (DSF)

I/We declare that the source of this payment is one of the following:
For "Other", please be specific.

<input checked="" type="checkbox"/> Employment Income	Gift	Grants/Scholarships
Insurance Claim Payments	Investment Income Savings	Retirement/Pension Income
<input checked="" type="checkbox"/> Sale of Assets	Trust/Inheritance	Lottery Winnings
Business (If this box is checked you will need to complete the Details of Business Payment section below)		
<input checked="" type="checkbox"/> Other, please be specific:	All Business	
DETAILS OF BUSINESS PAYMENT		
WHAT IS THE PRINCIPAL BUSINESS ACTIVITY OF THE ORIGINATING PARTY?		
WHAT IS THE NATURE OF YOUR BUSINESS RELATIONSHIP WITH THE ORIGINATING PARTY?		
WHAT ARE THE UNDERLYING GOODS OR SERVICES RELATED TO THIS PAYMENT?		
PLEASE ADVISE THE WEBSITE OF THE ORIGINATING PARTY, IF APPLICABLE		
WHAT ARE YOUR EXPECTED MONTHLY PAYMENTS FROM THE ORIGINATING PARTY (number and value)?		
If the Details of Business Payment section has been completed then we have attached full supporting documentation for this transaction (e.g. an invoice, a bill, a contract, agreement or similar document).		

I/We have attached full supporting documentation for this transaction (e.g. an invoice, a bill, a contract, agreement or similar document).

I/We understand that under the requirements of Vanuatu's Anti-Money Laundering & Counter-Terrorism Financing Act No. 13 of 2014, Regulations made thereunder and Vantu Bank's and National Bank of Vanuatu's respective AML/CTF Compliance Manuals as currently in force, your policy may require both banks to be satisfied as to the source of this payment before accepting any inward wire transfer and that my/our transfer(s) may be held pending or returned in the absence of such confirmation. This payment does not originate from any sanctioned or prohibited country or related sanctioned program.

I/We declare that the above information is true and correct.

Date: 2016-Mar-09 00:19:46

Nilam Doctor
Account Holder's Name

Nilam Doctor
Account Holder's Signature / Corporate Stamp

IP: 127.0.0.1