



MAILING ADDRESS:
P.O. Box #940932
Houston, TX 77094
Tel: 346-202-

1929

CORPORATE KYC

DATE:

SPECIAL NOTE BEFORE FORWARDING/RETURNING

1. Provide a TEAR SHEET, no older than 3 days, signed by 2 Bank Officers in wet blue ink with PIN codes, and also with BAR CODE

2. KYC must be signed and initialed in wet blue ink.

a. Digital signatures are NOT accepted

3. Origin of funds: Provide a complete history of funds, including how the client acquired the funds, how long they've had the funds in their account, etc.

4. Attach a copy of utility bill.

5. Provide all of the supporting documents including:

- a. Certificate of Incorporation
- b. Certificate of Good Standing
- c. Both Bank Officers Business Cards
- d. Tear Sheet (signed by 2 bank officers/PIN codes)
- e. Tear Sheet chain of custody evidence: Direct email from bank officer to client



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CLIENT INFORMATION SHEET

Directions: This document must be completed in full. If a line item does not pertain then insert the term: "N/A" (non-applicable).

Corporate Information

Full Name of Corporation:

Directions: This document must be completed in full. If a line item does not pertain, then insert the term: "N/A" (non-applicable).

Personal Information

First Name:

Middle Name:

Last Name:

Gender:

Date of Birth:

Social Security Number:

Country of Citizenship:

Passport Number:

Date of Issue:

Date of Expiry:

Issuing Authority:

Home Street Address:

City:

State:

Country:

Postal Code:



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Telephone Number:
Fax Number:
Mobile Number:
Email Address:
Skype Name:

[Languages / Translator](#)

Languages:
Do you speak English?
If No, Name of Translator:
Tel Number:
Email Address:

[Corporate Information](#)

Full Name of Corporation:
Street Address:
City:
State:
Country:
Postal Code:
Telephone Number:
Fax Number:
Mobile Number:
Email Address:

[Legal Advisor](#)

Full Name:
Company:
Address:
City:
State:
Country:
Postal Code:



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Telephone Number:
Fax Number:
Email Address:

Bank Information

* Please attach copy of account statement from bank

Bank Name (where funds are currently on deposit):
Street Address:
City:
State:
Country:
Postal Code:

Account Name:
Account Number:
Sort Code ABA No.:
SWIFT Code:
Account Signatory (1):
Account Signatory (2):

Bank Officer # 1 Name:
Bank Officer # 2 Name:
Telephone Number:
Fax Number:

Existing Funds to be deposited

Funds available for this transaction:

Type of currency:

Origin of funds:

Are these funds free and clear of all liens, encumbrances and third party interests?



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Date of Incorporation:
Incorporated in (City/State/Country):
Registration Number:
Board of Directors (Name & Title):
Officers (Name & Title):
Shareholders (List all shareholders owning more than 5 % of all outstanding shares of Corporation):

Location of Address: Registered Address (Corporation)

Full Name of Corporation:
Street Address:
City:
State:
Country:
Postal Code:

Location of Address: Mailing Address (Corporation)

Full Name of Corporation:
Street Address:
City:
State:
Country:
Postal Code:

Contact Information (Corporation)

Telephone Number:
Fax Number:
Mobile Number:
Email Address:
Skype:



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Financial Information (Corporation)

Annual Income of Corporation: **(COMPANY INCOME)**
Liquid Assets of Corporation: **(COMPANY LIQUID ASSETS)**
Net Worth of Corporation: **(COMPANY NETWORTH)**
Investment Experience (in years) of Corporation: **(COMPANY AGE)**

Languages / Translator

Languages: **(LANGUAGES)**
Do you speak English? **(YES / NO)**
If No, Name of Translator: **(NAME OF TRANSLATOR)**
Tel Number: **(TRANSLATOR PHONE)**
Email Address: **(TRANSLATOR EMAIL)**

Legal Advisor

Bank Information

* Please attach copy of account statement from bank

Personal Information of Officer(s) of Corporation / Passport Information

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

**** Duplicate the section below for each Director.***

First Name:
Middle Name:
Last Name:
Gender:
Date of Birth:
Social Security Number:
Country of Citizenship:
Languages:

Passport Information of Officers(s) of Corporation

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



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Passport Number:
Date of Issue:
Date of Expiry:
Issuing Authority:

Location of Address: Home-Legal Residence (Officer(s) of Corporation)
(Please attach copy of utility bill)

Full Name of Officer:
Street Address:
City:
State:
Country:
Postal Code:

(Below, duplicate the section above for each Director)

I, _____, 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: _____

SEAL OF COMPANY

Name / Title:
Company:
Passport Number:
Date of Issue:
Date of Expiry:
Country of Issuance:



**U.S. HANDLE
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CORPORATE RESOLUTION

INVESTOR TRANSACTION CODE:

All of the directors of _____, 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 No.:

The Board of Directors of _____ a Domestic Company incorporated on _____ in _____ in _____, with Registered Offices at _____ in a meeting held on this the _____ Day of _____, adopted the following resolutions.

RESOLUTION 1:

It is resolved that the Board of Directors of _____ hereby authorizes: _____ holder of Passport Number _____ issued on _____.

As our Managing Member, as the _____ who 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 Managing Member and in fact _____ acts for _____ with regards to the afore said financial investment.

RESOLUTION 3:

It is resolved that _____ is hereby authorized to act as our Financial Director for afore said purpose.

RESOLUTION 4:

It is resolved the Board of Directors of _____ hereby authorized _____ to assume all authority, powers, duties, signatory rights and responsibilities on our behalf.



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RESOLUTION 5:

It is resolved that _____ 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, _____ 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: _____

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

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SOURCE OF FUNDS AFFIDAVIT

DATE:

Dear Sir,

I, _____, bearing _____, Passport No. _____ duly authorized and full legally representative director for and on behalf of _____ do solemnly swear/attest the following statements to be true.

I, _____ declare under penalty of perjury and with full personal and legal responsibility under the International Court of Law that I legally hold the sum of **(SPELL AMOUNT)** United States Dollars **(\$_____,000,000.00 USD)** and it is deposited in Account No **(ACCOUNT NUMBER)** at **(NAME OF THE BANK)**, located at **(ADDRESS OF BANK)**.

I further declare these funds are current and valid currency lawfully obtained and constitute clean, cleared funds of legitimate, non-criminal, commercial origin. There are no liens, contractual obligations or encumbrances of any kind against these funds.

I have full and complete, legal ownership of, and the unrestricted right and authority to pledge or otherwise utilize these funds. The funds are ready for transfer or release upon my instruction.

These funds are authentic and verifiable. I am not aware of any matter which could or might cause the non-validation of these funds and I hereby indemnify the Program Manager and/or assignees, intermediaries, or other parties involved, against any claims, demands, civil and/or criminal in nature, and liabilities, damages, or expenses including without limitation any attorney's fees which may arise, whether in whole or in part, caused by reason of reliance upon this sworn declaration.

*****PLEASE INCLUDE A FULL PARAGRAPH ON HOW YOU ACTUALLY EARNED THESE FUNDS**

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.



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I, _____ 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: _____

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

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ENLARGED 150% COLOR COPY OF CLIENT'S PASSPORT

PASSPORT

SIGNATURE PAGE

PASSPORT

PHOTO PAGE

Please check to see that it looks good
It MUST be Very Nice, Clear,
and make sure that All of Your Face
is Fully and Clearly Shown

NOTE : THE COPY OF THE PASSPORT MUST BE ENLARGED IN 150%
OR A4 SIZE



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PROOF OF FUNDS

CURRENT BANK STATEMENT

CURRENT BANK STATEMENT OR RECENT FIVE (5) DAYS TEAR SHEET IS THE REQUESTED ACCEPTABLE PROOF OF FUNDS. BCL, BANK LETTERS SIGNED BY BANK OFFICER(S), CERTIFICATE OF ACCOUNT OR CONFIRMATION OF FUNDS MAY BE INCLUDED AS SUPPLEMENTAL BANKING. KINDLY INCLUDE UN-SANITIZED CURRENT BANK STATEMENT OR TEAR SHEET WITH YOUR SUBMISSION. TRANSMIT HIGH-QUALITY, COLOR SCANS OF REAL DOCUMENTS. THANK YOU.

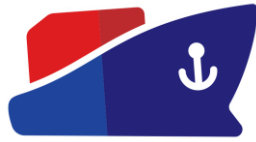


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BANK OFFICERS BUSINESS CARDS



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COPY OF UTILITY BILL/STATEMENT



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**COPY OF CORPORATE REGISTRATION CERTIFICATE
OR CERTIFICATE OF GOOD STANDING**