

AFFIDAVIT FORM

I, _____, hereby declare under penalty of perjury, pursuant to the laws of State of Florida, that the following information provided by me is true, accurate, and complete to the best of my knowledge and belief. I understand that this affidavit is being executed for the purpose of customer identification, source of funds verification, and compliance with Know Your Customer (KYC) and Anti-Money Laundering (AML) requirements.

1. Personal Information:

Full Name: _____
Tax Payer ID: _____
Date of Birth: _____
Nationality: _____
Residential Address: _____
Contact Number: _____
Email Address: _____

2. Identification Documents:

Type of Identification Document: _____
Identification Document Number: _____
Issuing Authority: _____
Date of Issue: _____
Expiry Date: _____

3. Source of Funds:

Please provide detailed information regarding the source of the funds being utilized in the financial transaction(s) with PRESSPAGE ENTERTAINMENT INC dba REDEECASH. Include information on the origin, nature, and legitimacy of the funds.

4. KYC and AML Compliance:

a. I acknowledge that I have received, read, and understood PRESSPAGE ENTERTAINMENT INC dba REDEECASH policies and procedures related to KYC and AML compliance.

b. I confirm that the information provided herein is accurate, and I will promptly notify [Your Organization] of any material changes to the provided information.

c. I agree to cooperate with any further verification or documentation requests made by [Your Organization] for the purpose of compliance with KYC and AML regulations.

d. I understand that PRESSPAGE ENTERTAINMENT INC dba REDEECASH may be required to report any suspicious activities, as defined by applicable laws and regulations, to the appropriate authorities, and I will not hold PRESSPAGE ENTERTAINMENT INC dba REDEECASH liable for any such reporting.

I declare that the information provided in this affidavit is true and correct to the best of my knowledge, and I understand the legal consequences of providing false or misleading information.

Date: _____

Place: _____

Signature: _____

Printed Name: _____

Notary Seal

X _____

[Notary's Name]

Notary Public

[Notary's Commission Expiration Date]: _____

[Notary's Jurisdiction/State]: _____

My Commission Expires: _____

Notary Seal: [Place the notary seal here]