**1/1** **CLIENT INFORMATION SUMMARY AND KYC**

**DATE: . STRICTLY CONFIDENTIAL CIRCULATION IS EXTREMELY PROHIBITED**

|  |  |
| --- | --- |
| **NAME/REPRESENTED BY/ACCOUNT SIGNATURE:** |  |
| **DATE OF BIRTH:** |  |
| **PLACE OF BIRTH:** |  |
| **HOME ADDRESS:** |  |
| **NAME OF HIS MOTHER** |  |
| **TELEPHONE** | **+**  |
| **EMAIL** |  |
| **PASSPORT No.:** |  |
| **PLACE OF ISSUE (COUNTRY):** |  |
| **PASSPORT OF ISSUE DATE:** |  |
| **PASSPORT OF EXPIRY DATE:** |  |
| **BANK NAME**  |  |
| **BANK ADRESS** |  |
| **SWIFT CODE** |  |
| **ACCOUNT NUMBER** |  |
| **IBAN** |  |

I, **.............**, make a clear statement and confirm under risk and penalty of perjury not to have any other entities, associations, financial institutions, affiliates, intermediaries, groups, or others with my /our permission nor any specific authorization to handle nor process any one of my /our documents as from ....... of 2025.

FOR AND ON BEHALF of

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**hand signature**  **in blue ink**

Client/ Signatory Name:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

**Date: 00/.../2025**

 1/2 COPY OF PASSPORT

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**hand signature**  **in blue ink**

Client/ Signatory Name:

Passport Number:

Date of Issue:

Date of Expiry:

Country of Issuance:

Date: 00/.../2025