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| CUSTOMER / CLIENT INFORMATION SHEET (CIS) |

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| BUSINESS INFORMATION | | | | | | | | | | | | | | | | | | | |
| BUSINESS (COMPANY) NAME: | | | | |  | | | | | | | | | | | | | | |
| Business (Company) address: | | | | |  | | | | | | | | | | | | | | |
| Company E-Mail: | | | | |  | | | | | | | Company Phone: | | |  | | | | |
| City: |  | | | | | | | State: | |  | | | | ZIP Code: | | | | |  |
| Website: |  | | | | | | | Company No.: | |  | | | | Company Tax No.: | | | | |  |
| First Name CEO/Director: | | | | |  | | | | | Name CEO/Director: | | | | |  | | | | |
| E-Mail CEO: | | | | |  | | | | | Mobile Phone: | | | | |  | | | | |
| Date of birth CEO: | | |  | | | | | | |  | | | | | | | | | |
| Passport No. CEO: | | |  | | | | | Exhibition place: | | |  | | | | | Date of issuance: | | |  |
| Current address CEO: | | |  | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | |
| BANK Information | | | | | | | | | | | | | | | | | | | |
| Bank Name: | |  | | | | | | | | | | | | | | | | | |
| Bank Address: | |  | | | | | | | | | | | SWIFT (BIC) Code: | | | |  | | |
| Bank Phone: | |  | | | | Bank E-mail: | | |  | | | | | | | | Bank Fax: |  | |
| City: | |  | | | | State: | | |  | | | | | | | | ZIP Code: |  | |
| Bank officer Name: | | | |  | | | | | | | | | Bank officer Phone: | | | |  | | |
| Bank officer E-Mail: | | | |  | | | | | | | | |  | | | | | | |
| Name account holder: | | | |  | | | | | | | | | Account No.: | | | |  | | |
| IBAN: | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| INSURANCE FOR MONEY LAUNDERING | | | | | | | | | | | | | | | | | | | |
| 1. I assure that I do not launder money in the sense of introducing illegally generated money or illegally acquired assets into the legal financial and economic cycle. 2. My money does not come from illegal activities such as corruption, bribery, robbery, extortion, drug trafficking, arms trafficking, or tax evasion.   My funds are not used for organized crime, including in connection with terrorist financing. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Signature | | | | | | | | | | | | | | | | | | | |
| I authorize the review of the information entered on this form. | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | x | | | | | | | | | | |
| Date: | | | | | | |  | | Customer/Client Signature: | | | | | | | | | | |

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| CUSTOMER / CLIENT INFORMATION SHEET (CIS) |

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| AUTHORIZED PERSON PASSPORT COPY |

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| CUSTOMER / CLIENT INFORMATION SHEET (CIS) |

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| COPY CERTIFICATE OF INCORPORATION |

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| \*\*\*END OF THE DOCUMENT\*\*\* |