documentation enclosed

**\*\*\* CORPORATE/INDIVIDUAL ENTRY \*\*\***

DATE: **July 1, 2024**

TO: Program Intake

RE: Managed Buy/Sell Program

* + - **Client Information Sheet**
		- **Proof of funds**
		- **passport**

**NOTES:**

1. **THIS IS A MULTI USE CIS TEMPLATE – SIMPLY FILL IN INFORMATION THAT DOES NOT APPLY WITH “N/A”**
2. **IF YOU WANT A TRUST AND/OR BANK ACCOUNT TO BE SET UP TO RECEIVE THE PROCEEDS FROM THE PROGRAM YOU ARE APPLYING FOR, THEN MAKE A NOTE OF THAT BENEATH THE DATA TABLE ON PAGE SEVEN PLEASE.**
3. **THERE IS NO ABSOLUTE NEED TO USE AN ATTORNEY FOR ANY OF THIS PROCESS BUT IF YOU WISH ANY CONTRACTUAL MATERIAL YOU ARE PROVIDED WITH TO BE REVIEWED BY A LAWYER, THEN INCLUDE THE LAWYER’S DETAILS.**
4. **PLEASE MAKE SURE ANY SCANNED DOCUMENTS, LIKE YOUR PASSPORT FOR EXAMPLE, ARE SCANNED IN COLOUR AND ARE CRISP AND CLEAR IN APPEARANCE.**

**Client Information Sheet (Part 1)**

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 Company | **:** |  |
| Date of Incorporation | **:** |  |
| Incorporated in Country/State | **:** |  |
| Registration number | **:** |  |
|  |
| Board Members + Title | **:** |  |
|  | **:** |  |
|  | **:** |  |
|  | **:** |  |
|  | **:** |  |
|  |
| Reg. Address | **:** |  |
| City | **:** |  |
| County | **:** |  |
| Zip/Postal Code | **:** |  |
| Country | **:** |  |
|  |
| Mailing Address | **:** |  |
| City | **:** |  |
| County | **:** |  |
| Zip/Postal Code | **:** |  |
| Country | **:** |  |
|  |
| Phone Number | **:** |  |
| Mobile Number | **:** |  |
| E-mail address | **:** |  |
|  |

**Client Information Sheet (Part 2)**

**PERSONAL INFORMATION SIGNATORY**

|  |  |  |
| --- | --- | --- |
| First Name | **:** |  |
| Middle Name | **:** |  |
| Street Address: | **:** |  |
| City: | **:** |  |
| State: | **:** |  |
| Country: | **:** |  |
| Postal Code: | **:** |  |
| Gender | **:** |  |
| Date of Birth  | **:** |  |
| Country of Citizenship  | **:** |  |
| Languages | **:** |  |
| Telephone Number: | **:** |  |
|  |
| Passport Nr. | **: :** |  |
| Issuing Date | **:** |  |
| Expiration Date | **:** |  |
| Issuing Authority | **:** |  |
| Country | **:** |  |

**TRANSACTION INVESTMENT**

|  |  |  |
| --- | --- | --- |
| Investment | **:** |  |
| 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: | **:** |  |

**Client Information Sheet (Part 3)**

**LANGUAGES / TRANSLATOR**

|  |  |  |
| --- | --- | --- |
| Languages | **:** |  |
| Signatory speaks English? | **:** |  |
| If No, Name of Translator | **:** |  |
| Tel Number | **:** |  |
| Email Address | **:** |  |

**ATTESTATION ATTORNEYAT LAW/ LEGAL ADVISOR**

|  |  |  |
| --- | --- | --- |
| Name of Law Firm | **:** |  |
| First, Middle and Last Name | **:** |  |
| Gender | **:** |  |
| Date of Birth | **:** |  |
| Country of Citizenship | **:** |  |
|  |
| Passport Number | **:** |  |
| Date of Issue | **:** |  |
| Date of Expiry | **:** |  |
| Issuing Authority | **:** |  |
|  |
| Reg. Address | **:** |  |
| City | **:** |  |
| County | **:** |  |
| Zip/Postal Code | **:** |  |
| Country | **:** |  |
|  |
| Telephone Number | **:** |  |
| Mobile Number | **:** |  |
| Email Address | **:** |  |
| **Attorney Reg. Nr.**  | **:** |  |

**Client Information Sheet (Part 4)**

**BANK INFORMATION (WHERE FUNDS CURRENTLY HELD)**

|  |  |  |
| --- | --- | --- |
| 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:  | **:** |  |
|  |
| Bank Officer # 1 Name: | **:** |  |
| Bank Officer # 2 Name: | **:** |  |
| Bank Officer Email: | **:** |  |
| Telephone Number: | **:** |  |
| Fax Number: | **:** |  |

**Client Information Sheet (Part 5)**

**CLIENT ACCOUNT WHERE PROFITS TO BE PAID**

|  |  |  |
| --- | --- | --- |
| Bank Name | **:** |  |
| Street Address:  | **:** |  |
| City:  | **:** |  |
| State:  | **:** |  |
| Country:  | **:** |  |
| Postal Code:  | **:** |  |
|  |
| Account Name:  | **:** |  |
| Account Number:  | **:** |  |
| Sort Code ABA No.:  | **:** |  |
| SWIFT Code:  | **:** |  |
| Account Signatory:  | **:** |  |
|  |
| Bank Officer # 1 Name: | **:** |  |
| Bank Officer # 2 Name: | **:** |  |
| Bank Officer Email: | **:** |  |
| Telephone Number: | **:** |  |
| Fax Number: | **:** |  |

I, **(INSERT NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **1 July 2024**

For and on behalf of **(NAME OF COMPANY)**

|  |  |  |
| --- | --- | --- |
| Signature  | **:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Name / Title | **:** |  |
| Passport Number | **:** |  |
| Date of Issue | **:** |  |
| Date of Expiry | **:** |  |
| Country of Issuance | **:** |  |

**passport**

PROVIDE colour COPY ENLARGED (140%) TO THIS SIZE (8½ x 11 INCHES). PICTURE MUST BE CLEAR AND NOT DARK. ENLARGE & LIGHTEN (USING PHOTO SETTING). Colour scan the Passport into your computer at a high resolution in the JPEG format and insert.

**Proof of funds**

Client will provide "SCREEN SHOT" to confirm that CLIENT IS THE CONTROLLING PARTY of the Bank Account holding the funds to be used for this transaction