

Client Information Sheet

Individual /or Joint Account

Account Ref:

Account Holder Information

- Surname: ■ Name :
- Spouse Full Name:
- Father's Name:
- Mother's Full name:
- Birthday :
- Nationality:
- ID Number: ■ Place:
- Resident: Yes No
- Occupation:
- Client is the Beneficial Owner of the account: Yes No (specify):

Address

- Bldg / floor:
- Street:
- City:
- State / Province:
- Country:
- Postal Code:
- Tel:
- Mobile:
- E-mail:
- Fax:

Investment Information

Have you ever worked with a financial institution?

If yes which company:

Do you have any past experience with the capital markets?
.....

Years of experience:

Local or International:

Annual income:

Signature:

Date:

Joint Account Holder Information

- Surname: ■ Name :
- Spouse Full Name:
- Father's Name:
- Mother's Full Name:
- Birthday :
- Nationality:
- ID Number: ■ Place:
- Resident: Yes No
- Occupation:
- Client is the Beneficial Owner of the account: Yes No (specify):

Address

- Bldg / floor:
- Street:
- City:
- State / Province:
- Country:
- Postal Code:
- Tel:
- Mobile:
- E-mail:
- Fax:

Investment Information

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If yes which company:

Do you have any experience with the capital markets?
.....

Years of experience:

Local or International:

Annual income:

Signature:

Date:

Mailing Address: Account holder Address Joint Account holder Address Hold Mail with FFA

Other: Signature:

Please attach a copy of your passport or ID and proof of residence