

INDIVIDUAL CLIENT INFORMATION FORM

TO BE COMPLETED IN FULL AND SIGNED BY THE CLIENT

1. Full and Correct Name: _____
2. Permanent Address: _____

3. Country and address of domicile (**if different from above**): _____

4. Date of Birth: _____ Place of Birth: _____
5. Phone (Work): _____ Phone (Home): _____
6. Phone (Cell): _____ Facsimile : _____
7. Postal Address: _____ Email Address: _____
8. Nationality: _____ Social Security No: _____
9. Name & Address of Employer & Occupation: (**If self employed, give the nature of self employment**) _____

10. I have **ATTACHED** hereto a copy of the first four pages of my passport, Drivers License and/or Social Security Card showing the following details: photograph, identity number, country of issuance, issue date, expiry date and specimen signature. Yes
11. Estimated amount of funds to be held in account: _____
12. Purpose of funds to be held in account: _____
13. Source of funds to be held in account: _____
14. I confirm that all funds held on account are beneficially owned by myself: Yes / No

If not, please provide the names and address of Beneficial Owner(s) of the funds.

NAME	ADDRESS	AMOUNT

** A separate KYC form must be completed for each beneficial owner of the funds.

I CERTIFY AND CONFIRM that the information given on this form is complete and correct to the best of my knowledge and belief. I grant Ferreira & Company the authority to obtain independent verification of any information that I have provided herein. I hereby undertake to notify Ferreira & Company as soon as possible in the event of any changes to the information provided herein.

Client's Signature

_____/_____/_____
DD MM YYYY