



PARTNERSHIP INFORMATION FORM

TO BE COMPLETED IN FULL AND SIGNED BY THE CLIENT

1. Name of Authorised Representative: _____
2. Permanent Address: _____

3. Phone (Work): _____ Phone (Home): _____
4. Phone (Cell) _____ Facsimile _____
5. Email: _____ Date of Birth: _____
6. Postal Address: _____ Nationality: _____
7. Occupation: _____ Social Security No: _____
8. Name of Partnership/Business/Employer: _____

9. Description of the nature of your Partnership/Business: _____

10. Date of Commencement of Partnership/Business: _____
11. Place of Incorporation: _____
12. Names & Address of all Partners:

Name	Address	Phone Contacts Hm/Wk/Fax/Cell	Nationality

We **ATTACHED** hereto copies of the passports for all Partners listed above showing the following details: photograph, identity number, country of issuance, issue date, expiry date and specimen signature. Yes

I confirm that all funds held on account are beneficially owned by the Partnership/Business. Yes/No
(If Not, please provide the names and addresses of Beneficial Owner (s) of the funds).

13. Names and Addresses of all Beneficial Owners:

NAME	ADDRESS	AMOUNT

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

14. Estimated amount of funds to be held in account: _____

15. Purpose of funds to be held in account: _____

16. Source of funds to be held in account: _____

PLEASE ALSO PROVIDE US WITH THE FOLLOWING:

- (a) A certified copy of the Partnership Agreement (if any) or other establishing the unincorporated business;
- (b) Mandate from the Partnership or Beneficial Owner(s) authorising the opening of the account, conferring authority on the person who will operate the account and act on the Partnership or unincorporated business' behalf.

I CERTIFY AND CONFIRM that the information given on this form is complete and correct to the best of my/our knowledge and belief. I grant Ferreira & Company the authority to obtain independent verification of any information that I/We 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.

Authorised Signature

_____/_____/_____/_____
 DD MM YYYY

Authorised Signature

_____/_____/_____/_____
 DD MM YYYY