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| Purch ID: Lot Size: X00M Cranberry Evolve  Sub Date: April 7, 2021  Ref: **#** | | Ref By: Christopher Reeves, MD / Patriot Health  Intake Date:  SSB No/% |
| **PLEASE COMPLETE THE BELOW IN ITS ENTIRETY. NOTIFICATION TO PROCEED WILL TAKE PLACE AFTER APPROVAL OF THE VERIFICATION PROCESS.** | | |
| **COMPANY NAME**  **Include Entity Structure (IE Inc, LLC)** |  | |
| **BUYER SIGNATORY FULL NAME & TITLE** |  | |
| **BUYER SIGNATORY ID**  **(attach copy of Driver’s License # and State OR Passport #)** |  | |
| **FULL BUSINESS ADDRESS** |  | |
| **TAX ID / REGISTRATION #** |  | |
| **SIGNATORY NATIONALITY** |  | |
| **STATE/COUNTRY OF COMPANY ORGANIZATION & YEAR FORMED** |  | |
| **BUYER MOBILE PHONE** |  | |
| **BUYER EMAIL** |  | |
| **BUYER’S ATTORNEY: FULL NAME** |  | |
| **ID NUMBER AND STATE BAR ASSOCIATION** |  | |
| **PRACTICE ADDRESS** |  | |
| **ATTORNEY MOBILE PHONE** |  | |
| **ATTORNEY EMAIL** |  | |
| **PRIMARY BANKING INSTITUTION NAME** |  | |
| **SIGNIFY IF FUNDS ARE DOMESTIC OR INT’L\***  **\*INTERNATIONAL FUNDS REQUIRE BANKING INFO FORM** |  | |
| **FINANCIAL PROOF: BCL, ESCROW, OTHER** |  | |
| **BUYER MANDATE FULL NAME AND COMMISSION PERCENTAGE** |  | |
| **BUYER MANDATE COMPANY NAME** |  | |
| **BUYER MANDATE COMPANY ADDRESS** |  | |
| **BUYER MANDATE MOBILE PHONE** |  | |
| **BUYER MANDATE EMAIL** |  | |
| **List All Buyer Brokers Company Name &**  **Commission Percentage**  **(Must equal total of 50% including Buyer Mandate Portion)** |  | |

***DISCLOSURE, SIGNATORY ID & ATTESTATION PAGE TO FOLLOW***

**NOTICE: Prior to initiating a transaction to acquire PPE AND in Full compliance with KYC/AML Laws; all collected data will be only used for background, due diligence, conflict checks and assessment. All information is privileged, confidential and protected.**

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# DISCLOSURES

In accordance with Articles 2 and 5 of the Due Diligence Convention and Federal Banking Commission Circular of December, 1998, and U.S. Patriot Act of 2006 – International Money Laundering Abatement, and Title III - Anti Terrorist Financing Act of 2001, concerning the prevention of money laundering, and Article 305 of the Swiss Criminal Code, and the respective British Laws, the following information must be supplied to Law Firms, Banks, and to any other Financial Institutions, for “Know You Client” (“KYC”) compliance requirements, as set forth by the U.S. Government, the Federal Reserve Bank, the International Banking Organization, and the respective Governmental authorities, for purposes of verification of the transacting entity, and the nature & origin of the funds & assets to be utilized in this transaction.

# ATTESTATION

By means of this electronic submission, we the undersigned, hereby swear under penalty of perjury, confirm, to the best of my knowledge, that the information provided herein above is accurate and true; that we are not members of, nor are we associated in any way, form or fashion, with any organization, and/or cause, that supports terrorist activities, and we are not part of, involved in, nor a front, for any Money Laundering Scheme and/or any illegal drug trafficking. Furthermore, it is warranted that the origin-of-funds and/or subject assets are in full compliance with Anti-Money-Laundering Policies as set forth by the International Money Laundering Abatement, the Title III - Anti

Terrorist Financing Act of 2001, Article 305 of the Swiss Criminal Code, the respective British Laws, the Financial Action Task Force [FATF], and the U.S. Patriot Act; that all business activities being transacted herein are of a legal business nature.

Signatory Printed Name Signatory Title

Signature Date

State License or Passport Photo:

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