**Date: [DATE]**

**TO: Compliance / Trade Authority / Program Manager / Bank Portfolio Manager**

|  |
| --- |
| CLIENT INFORMATION SUMMARY |
| In accordance with Articles two (2) through five (5) of the Due Diligence Convention and the Federal Banking Commission Circular of December 1998, concerning the prevention of money laundering, and Article 305 of the Swiss Criminal Code, the following information may be supplied to banks and/or other financial institutions for the purpose of verification of identity. All parties have an obligation to respect professional secrecy and to take all appropriate precautions to protect the confidentiality of the information each holds in respect of the others’ activities. This legal obligation shall remain in full force and effect at all times.PURCHASE OF: QUANTITY:DOLLAR AMOUNT:REF ICPO#:RESPONIBLE PARTY FOR PURCHASE: |
| **SECTION 1** | **CLIENT NAME (Signatory)**  |
| Full Name: | **NAME** |
| Home Address:(address, city, state, country, postal) |  |
| E-mail Address(s): |  |
| Home Telephone No. / Mobile Telephone No. |  |  |
| Date of Birth / Place of Birth |  |  |
| Passport No. / Issuing Country |  |  |
| Passport Issue Date / Expiration Date |  |  |
| Nationality / SSN  |  |  |
| **SECTION 2** | **CLIENT BUSINESS INFORMATION** |
| Business Name: | **COMPANY NAME** |
| Business Address:(address, city, state, country, postal) |  |
| Business E-mail Address(s): |  |
| Business Telephone No. / Fax No. |  |  |
| Country / State of Registration |  |  |
| Registration Number / EIN / TIN / CO GOVT ID |  |  |
| DUNS# |  |  |
| Website (s) |  |  |
| Company Incorporation State | Province |  |  |
| Trade Business of Goods or Services |  |  |
| Estimated Revenues |  |  |
| Owners | Directors of Company please list |  |  |
| Year Founded |  |  |
| Type of Business / Years in Business |  |  |
| **SECTION 3** | **PURCHASE OF GOODS PPE** |
| ARE YOU THE END BUYER? |  |
| ARE YOU A PROXY BUYER? IF SO AT WHAT TIME WILL REAL BUYER STEP IN |  |
| ARE YOU PURCHASING GOODS FOR RESALE? |  |
| ARE YOU PURCHASING GOODS FOR A GOVT AGENCY? |  |
| ARE YOU PURCHASING GOODS FOR A HOSPITAL OR PROCUREMENT GROUP? |  |
| ARE YOU USING SOMEONE ELSE’S PAYMENT BCL OR MT199 OR BANK STATEMENTS TO VERIFY FUNDS? |  |
| ARE YOU ABLE TO PROOF UP FUNDS VIA METHOD OF BCL, ATV BANK TO BANK, MT199 |  |
| ARE YOU READY WILLING ABLE TO PURCHASE GOODS |  |
| **SECTION 4** |  **CLIENT BANKING COORDINATES** |
| Name: |  |
| Bank Name: |  |
| Bank Address:(address, city, state, country, postal) |  |
| Bank Officer |  |
| Email Address: |  |
| Telephone No. / Fax No. |  |  |
| Swift Code |  |
| Routing Number / ABA |  |  |
| Account Number: |  |
| Account Name: |  |
| Beneficiary Name: |  |
| Beneficiary EIN or SSN |  |  |
| Instructions |  |
| **SECTION 5** | **CLIENT LEGAL INFORMATION** |
| Legal Advisor Name |  |
| Legal Advisor Address |  |
| Legal Advisor Email |  |
| Legal Advisor Telephone |  |
| Website: |  |
| BAR Reg#: |  |

It is agreed that electronic and facsimile copies of this Client Information Sheet, or any other associated documents in this transaction, are as valid and legal as delivered originals.

I hereby swear, under penalty of perjury, that the information given in this document is accurate and true.

Signed:

Name:

Passport No.

PASSPORT COLOR COPY

CERTIFICATE OF INCORPORATION

REGISTRATION ID: