

GP Client CIS Application

1.	CLIENT'S PRINCIPAL DETAILS	
	Full Name:	
	Nationality:	
	Passport Number:	
	Date Of Issue:	
	Date Of Expiration:	
	Date Of Birth:	
	Place Of Birth:	
	SSN:	
	Contact Address:	
	Contact Telephone No.:	
	Add. Telephone No.:	
	Mobile Telephone No.:	
	E-Mail Address:	

2.	CLIENT'S COMPANY DETAILS:	
	Business Name:	
	Business Address:	
	Business Telephone:	
	Business Facsimile:	
	Address For Mail:	
	TAX ID / EIN	

3.	CLIENT'S BANK:	
a)	Address:	
b)	Account Name:	
c)	Account No.:	
d)	Acct. Signatory Name:	
e)	SWIFT	

Affirmation:

I hereby attest that the information provided herein is both true and accurate. I am in control of the assets stated above, and our legal counsel have signatory authority on the aforementioned bank account and have full authority to execute all contracts and agreements relating to pledging the assets for the trade business. The funds are in full compliance with the anti-money laundering policies set forth by the Financial Action Task Force (FATF) 6/01.

Date:

(Signature)

Name :

Title :

Passport No. :

Country of Issue :