

FORGET THE MARKET

CLIENT INFORMATION SUMMARY

In accordance with Articles 2 and 5 of the due diligence and federal banking commission circular of December 1999 concerning the prevention of money laundering and Article 305 of the Swiss Criminal Code, the following information may be supplied to banks and to financial institutions for purposes of verification of identity and activities of the investing member and the nature and origin of the funds which are to be utilized.

Personal Information [A	A ANDATOR	Y]		
Title:			Full Name:	
Surname/Family Name:				
Given names:				
Nationality:				
Date of Birth:				
Place of Birth:				
Passport No.				
Issue Date:				
Expiry Date:				
RESIDENTIAL ADDRESS [MAN	IDATORY]			
Street Address:				
City:				
State:				
Postal Code:				
Country:				
MAILING ADDRESS (IF DIFFER	ENT)			
Street Address:				
City:				
State:				
Postal Code:				
Country:				
PERSONAL COMMS [MANDAT	FORY]			
Home Phone:				
Work Phone:				
Mobile/Cell:				
Email:				
Other (App/Number):				
CORPORATE INFORMATION	MANDATO	RY IF YOUR INVE	ESTMENT IS IN THE I	NAME OF YOUR ORGANIZATION
Full Name of Corporation	า:			
Date of Incorporation:				
Incorporated in (Country	/State):			
Registration Number:				
Switchboard/Phone:				
Website:				
Nature of Business:				

REGISTERED OFFICE ADDRE	ESS [MAN	IDATORY IF Y	OUR INVESTMENT IS	IN THE NAME OF YOUR C	RGANIZATION
Street Address:					
City:					
State:					
Postal Code:					
Country:					
PRINCIPAL BUSINESS ADDR	RESS (if di	ifferent)			
Street Address:		-			
City:					
State:					
Postal Code:					
Country:					
DIRECTORS/OFFICERS [MAI	NDATORY I	IF YOUR INVE	STMENT IS IN THE N	AME OF YOUR ORGANIZA	TION
Name		Director?	Nationality	Passport #	Office/Title
			,	·	,
DRINGIDAL CHARELIOLDERS	(mara th	an 100/ oa	with I [A A AND A TORY I	E VOLID ANYECTA AFAIT IS IN	TUE NAME OF YOUR ORGI
PRINCIPAL SHAREHOLDERS Name	(more tri		Nationality	Passport #	_
Name			Nationality	Passport #	Equity %
	,	,			
LANGUAGES/TRANSLATOR	(IF REQUI	RED) IF YOU	J DO NOT SPEAK ENG	GLISH, PLEASE COMPLETE	THIS TABLE
Do you speak English?					
What Languages do you	ı				
speak?	1				
Translator Full Name:					
Translator Company: Translator Address:					
Translator Phone No:					
Translator Phone No:					
Translator Email.					
LEGAL ADVISOR (IF YOU HAY	VE ONE)	IF YOU HA	VE A <mark>L</mark> EGAL A DVISOR	, PLEASE COMPLETE THIS	TABLE
Full Personal Name:					
Law Firm Name:					
Lawyer Address:					
Lawyer Phone No.:					
Lawyer Email:					

BANK INFORMATION	ON [MANDA	ATORY.]					
Bank Name:							
Street Address:							
City:							
State:							
Postal Code:							
Country:							
SWIFT Code:							
Account Name:							
Account Number	er:						<u>, </u>
	Name			Title	Email		Phone
Bank Officers:							
BANK SIGNATORIE	S [MANDAT	ORY]					
Name		Director?	Na	ationality	Office/Title	Email	
ORIGIN AND NATU	IRE OE FLIN	ns					
ORIGIN AND IVATO	THE OF TOR	<u> </u>					
I hereby swear u	nder pena	Ity of perjur	y th	nat the inform	nation given abov	e is accurat	te and true.
Dlagge attack v	OUR DOCCE	ant proof	۰ŧ	rocidonas au	ad lif appropria	+01 00000	nu cortificato holou
-		-					ny certificate below
and return the	complete	a aocumen	ונ ננ	o <u>info@ftml</u>	<u>i-investments.c</u>	<u>om</u> .	
Date:							
Date.							Signature

FULL COLOUR HI-RES COPY OF YOUR PASSPORT

PROOF OF RESIDENCE

Copy utility bill or bank statement addressed to you at your home address - Not more than 3 months old.

COMPANY CERTIFICATE