FTM II **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 [*MANDATORY*]

Title:	Mr.	Full Name:	
Surname/Family Name:			
Given names:			
Nationality:			
Date of Birth:			
Place of Birth:			
Passport No.			
Issue Date:			
Expiry Date:			

RESIDENTIAL ADDRESS [*MANDATORY*]

Street Address:	
City:	
State:	
Postal Code:	
Country:	

MAILING ADDRESS (*IF DIFFERENT*)

Street Address:	
City:	
State:	
Postal Code:	
Country:	

PERSONAL COMMS [*MANDATORY*]

Home Phone:	
Work Phone:	
Mobile/Cell:	
Email:	
Other (App/Number):	

CORPORATE INFORMATION [*MANDATORY IF YOUR INVESTMENT IS IN THE NAME OF YOUR ORGANIZATION*]

Full Name of Corporation:	
Date of Incorporation:	
Incorporated in (Country/State):	
Registration Number:	
Switchboard/Phone:	
Website:	
Nature of Business:	

REGISTERED OFFICE ADDRESS [*MANDATORY IF YOUR INVESTMENT IS IN THE NAME OF YOUR ORGANIZATION*]

Street Address:	
City:	
State:	
Postal Code:	
Country:	

PRINCIPAL BUSINESS ADDRESS (*if different*)

Street Address:	
City:	
State:	
Postal Code:	
Country:	

DIRECTORS/OFFICERS [*MANDATORY IF YOUR INVESTMENT IS IN THE NAME OF YOUR ORGANIZATION*]

Name	Director?	Nationality	Passport #	Office/Title
	☐			
	☐			
	☐			
	☐			
	☐			

PRINCIPAL SHAREHOLDERS *(more than 10% equity)* [*MANDATORY IF YOUR INVESTMENT IS IN THE NAME OF YOUR ORG*]

Name	Nationality	Passport #	Equity %

LANGUAGES/TRANSLATOR (IF REQUIRED) *IF YOU DO NOT SPEAK ENGLISH, PLEASE COMPLETE THIS TABLE*

Do you speak English?	
What Languages do you speak?	
Translator Full Name:	
Translator Company:	
Translator Address:	
Translator Phone No:	
Translator Email:	

LEGAL ADVISOR (IF YOU HAVE ONE) *IF YOU HAVE A LEGAL ADVISOR, PLEASE COMPLETE THIS TABLE*

Full Personal Name:	
Law Firm Name:	
Lawyer Address:	
Lawyer Phone No.:	
Lawyer Email:	

BANK INFORMATION [*MANDATORY.*]

Bank Name:	
Street Address:	
City:	
State:	
Postal Code:	
Country:	
SWIFT Code:	
Account Name:	
Account Number:	

	Name	Title	Email	Phone
Bank Officers:				

BANK SIGNATORIES [*MANDATORY*]

Name	Director?	Nationality	Office/Title	Email
	☐			
	☐			
	☐			

ORIGIN AND NATURE OF FUNDS

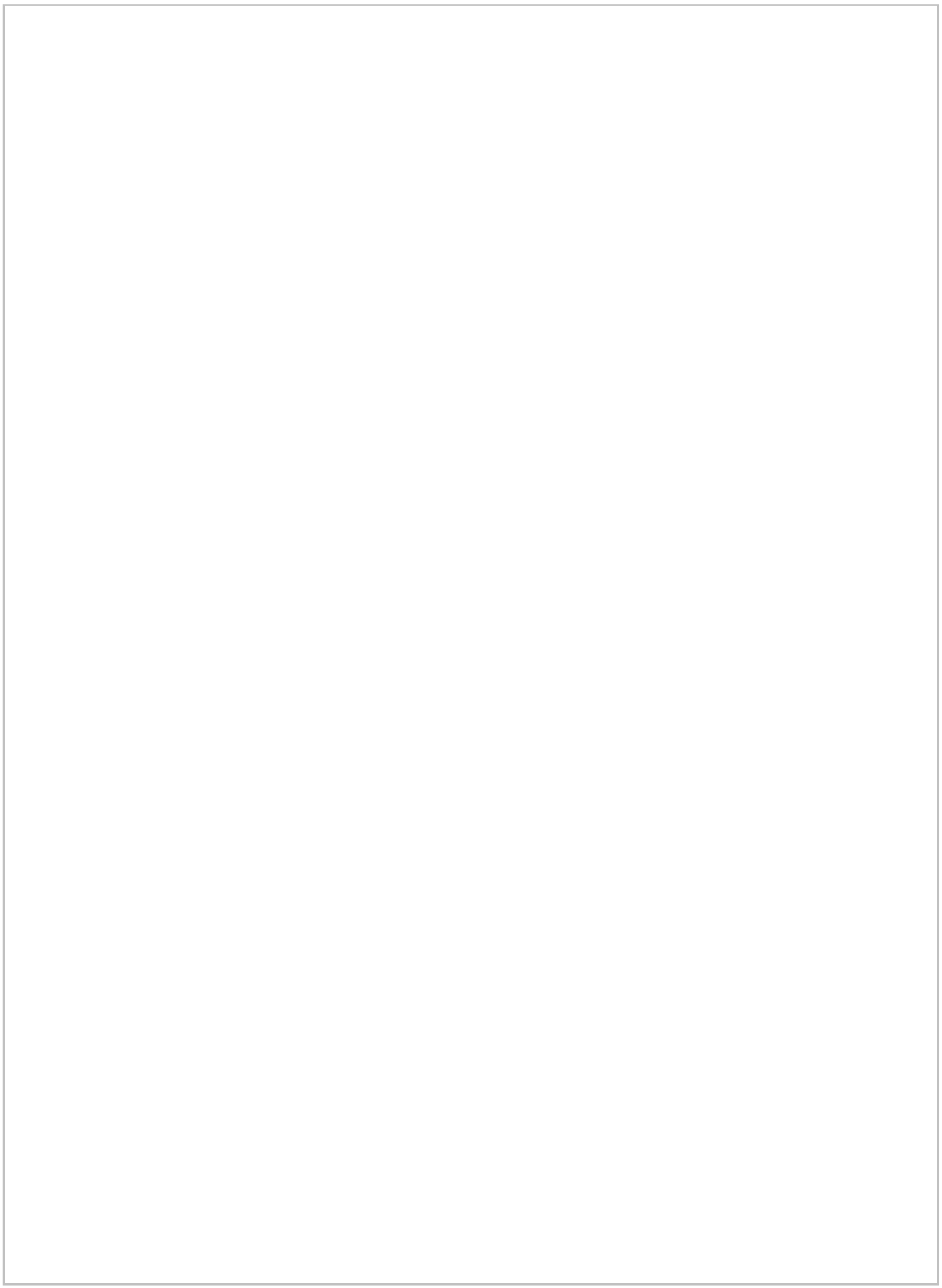
I hereby swear under penalty of perjury that the information given above is accurate and true.

Please attach your passport, proof of residence and (if appropriate) company certificate below and return the completed document to info@ftmii-investments.com .

Date:

_____
Signature

FULL COLOUR HI-RES COPY OF YOUR PASSPORT



PROOF OF RESIDENCE

COMPANY CERTIFICATE