



CORPORATE CLIENT INFORMATION FORM

TO BE COMPLETED IN FULL AND SIGNED BY THE CLIENT

1. Company Name: _____
2. Company Address: _____

3. Company Phone: _____ Facsimile: _____
4. Name of Company Authorized Representative: _____
5. Phone (Work): _____ Phone (Home): _____
6. Facsimile: _____ E-Mail: _____
7. Postal Address: _____ Nationality _____
8. Occupation: _____ Social Security No: _____
9. Address of Registered Office: _____

10. Address of Registered Agent **(if different from the above)**: _____

11. Date of Incorporation: _____ Registration No.: _____
12. Place of Incorporation: _____
13. Names & Address of all Officers and Directors:

NAME	ADDRESS	OFFICE HELD	TEL/FAX/EMAIL

We **ATTACHED** hereto copies of the passports for all Directors and Officers listed above showing the following details: photograph, identity number, country of issuance, issue date, expiry date and specimen signature. Yes

I confirm that all funds held on account are beneficially owned by the Company. Yes/No
(If Not, please provide the names and addresses of Beneficial Owner (s) of the funds).

14. Names and Addresses of all Beneficial Owners: **(except if Company is publicly traded)**

NAME	ADDRESS	AMOUNT

**A separate KYC form must be completed for each beneficial owner of the funds.

15. Description of the nature of your business: _____

16. Date of commencement of Business: _____

17. Products or Services provided: _____

18. Location of principal business: _____

19. Estimated amount of funds to be held in account: _____

20. Purpose of funds to be held in account: _____

21. Source of funds to be held in account: _____

PLEASE ALSO PROVIDE US WITH THE FOLLOWING:

- (a) A certified copy of the Certificate of Incorporation;
- (b) Certified copies of the Articles and Memorandum of Association;
- (c) Resolution of the Board of Directors authorising the opening of the account and conferring authority on the person who will operate the account or act on the Company's behalf; and
- (d) A Certificate of Incumbency, or Secretarial Certificate or its equivalent confirming inter alia that the company has not been struck off the Register and its not in the process of being wound up.

I CERTIFY AND CONFIRM that the information given on this form is complete and correct to the best of my/our knowledge and belief. I grant Ferreira & Company the authority to obtain independent verification of any information that I/We have provided herein. I hereby undertake to notify Ferreira & Company as soon as possible in the event of any changes to the information provided herein.

Authorised Signature

_____/_____/_____
 DD MM YYYY

Authorised Signature

_____/_____/_____
 DD MM YYYY