

## **COMPLIANCE INFORMATION SHEET:**

In accordance with Articles 2 to 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/or other 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. The Parties have an obligation to respect professional secrecy and take the appropriate precautions to protect the confidentiality of the information each holds in respect of the other's activities. This legal obligation shall remain in force at all times in accordance to the executed Confidentiality Agreement.

**Amount of Funds Available:**

**Name of Funds Owner:**

**Name of Authorized Signatory:**

**Nationality:**

**Passport Number:**

**Date of Issue:**

**Date of Expiration:**

**Social Security No./Identity No:**

**Date of Birth:**

**Place of Birth:**

**Home Address :**

**Home Telephone Number:**

**Fax Number:**

**Occupation:**

**Company Name (if applicable):**

**Address (complete):**

**Business Telephone No:**

**Business Fax No:**

**E-mail:**

**Tax ID No. (FEIN):**

### **Location of Funds:**

**Bank or Financial Institution:**

**Address (complete):**

**Account Name:**

**Account Number:**

**Account Signatory:**

**Bank Officer (Name):**

**Bank Officer (Telephone No):**

**Bank Officer (Fax No):**

**S.W.I.F.T. Code:**

**Routing (ABA) No.:**

**Telex No:**

**Three (3) Years History of Funds:**

Have the funds been in the same account for the past three years?

Yes                      No

Are the funds free and clear of any liens and/or encumbrances?

Yes                      No

**Acknowledgement:**

I, the undersigned, hereby confirm and verify that the above named Authorized Signatory is the owner of the funds and/or the duly appointed Personal Representative and a signatory on the Bank Account, and has full and absolute authority to execute the contracts and agreements relating to any transaction. I hereby verify and affirm that the above statements are true and correct to the best of my knowledge and belief.

**Date:**

**Signature:**                      X \_\_\_\_\_  
**Printed Name:**  
**Passport No:**