**UDCRF Client Information Sheet**

Date: (*Enter date here*)

To: UDCRF CIS Admin

idcheck@udcrf.org

Kindly provide the following information for compliance and Anti Money Laundering (AML) checks. Complete either Section A (*Individual*) or Section B (*Corporation*) and each of Section C-E inclusive.

Please also attach all documents requested:

**Individual**

1. Passport; and
2. Proof of address (*dated within the last 3 months*)

**Corporate**

1. Corporate documentation (*memo and articles etc.)* and registration certificate
2. List of directors, shareholders, signatories with all passport information and proof of address

(*dated within last 3 months*)

**SECTION A - INDIVIDUAL**

|  |  |
| --- | --- |
| **Individual** |  |
| Form of address (Mr., Mrs., Ms.) |  |
| First name |  |
| Surname |  |
| Home address – Street, No. |  |
| Home address – Postal code, City |  |
| Country |  |
| Home telephone No. |  |
| Cell phone No. |  |
| Email address |  |
| Nationality |  |
| Date of birth |  |
| Place of birth |  |
| Passport No. |  |
| Country of issue |  |
| Date of issue |  |
| Date of expiration |  |
| Passport copy attached? | Yes / No |
| Identity No. / Social Security No. |  |
| Business activity |  |
| Business name |  |
| Business address - Street, No. |  |
| Business address - Postal code, City |  |
| Business Registration No. |  |
| Business telephone No. |  |
| Email address |  |

**NOTE: NOW COMPLETE SECTIONS C, D & E**

**SECTION B - CORPORATION**

|  |  |
| --- | --- |
| **Corporation / Business** |  |
| Name |  |
| Business activity |  |
| Business address - Street, No. |  |
| Business address - Postal code, City |  |
| Business telephone No. |  |
| E-mail address |  |
| Business Registration No. |  |
| Country of Incorporation |  |
| Registered Office address |  |
| Registered Office telephone No. |  |
| Corporation representative name |  |
| Position |  |
| Nationality |  |
| Date of birth |  |
| Place of birth |  |
| Passport No. |  |
| Country of issue |  |
| Date of issue |  |
| Date of expiration |  |
| Passport copy attached? | Yes / No |
| Identity No. / Social Security No. |  |
| Home address – Street, No. |  |
| Home address – Postal code, City |  |
| Country |  |
| Home telephone No. |  |
| Cell phone No. |  |
| Email address |  |

***NOW COMPLETE SECTIONS C, D & E***

**SECTION C – BANKING INFORMATION**

|  |  |
| --- | --- |
| **Banking information** |  |
| Name of Bank |  |
| Bank address - Street, No. |  |
| Bank address - Postal code, City |  |
| Account name |  |
| Account No. |  |
| Account signatory |  |
| *If more than one signatory -**Set out details of signing powers**registered with the Bank on the* *Account* |  |
| Bank Officer name (*if applicable*) |  |
| Bank Officer telephone No. |  |
| Bank Officer email address |  |

**SECTION D – ORIGIN OF FUNDS**

|  |  |
| --- | --- |
| **Origin of funds** |  |
| *Please set out briefly and clearly**state the source and origin of funds* |  |

**E. ATTESTATION**

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

I, the person issuing this Client Information Sheet, am the signatory on the above referenced Bank Account and confirm that al funds are good, clean and cleared funds of non-criminal origin, and the origin of funds is in compliance with Anti-Money Laundering Policies as set out by the appropriate authorities.

Signed this (*day*) of (*Month*) 20 (*Year*)

Either:

|  |  |
| --- | --- |
| **For and on behalf of** | *(Enter FULL NAME of INDIVIDUAL here)* |
| Signature | (*Sign here*) |
| Full name |  |
| Passport No. |  |
| Country of issue |  |

**Or**

|  |  |
| --- | --- |
| **For and on behalf of** | *(Enter FULL NAME of CORPORATION here)* |
| Signature | (*Sign here*) |
| Full name |  |
| Passport No. |  |
| Country of issue |  |

**What to do next**

On completion, please email this form along with attachments to idcheck@udcrf.org

You will then receive an automatic confirmation email confirming we have received your application.

Thank you

UDCRF CIS Admin