

CLIENT INFORMATION SHEET

DATE :
CLIENT TRANSACTION CODE :
TO : Aletar (HK) Ltd.

THIS DOCUMENT IS SUBJECT THE REQUIREMENTS OF BASEL 1, BASEL 2, AND BASEL 3 AS WELL AS THE ECONOMIC AND INDUSTRIAL ESPIONAGE LAW OF THE INTERNATIONAL ECONOMIC COMMUNITY AND INCORPORATES BY REFERENCE THE STANDARDS OF THE INTERNATIONAL CHAMBER OF COMMERCE (ICC), 400, 500, 600, ON NON-DISCLOSURE, NON-CIRCUMVENTION, AND WORKING AGREEMENTS – INCLUDING PRIVACY, CONFIDENTIALITY, AND COOPERATION.

THIS DOCUMENT FURTHERMORE IS REQUIRED TO FULFILL THE FOLLOWING REQUIREMENTS

- CHAPTER 615 OF THE ANTI MONEY LAUNDERING AND COUNTER TERRORIST FINANCING ORDINANCE OF HONG KONG
- THE LAWS OF HONG KONG
- ARTICLES 2 THROUGH 5 OF THE DUE DILIGENCE CONVENTION AND THE FEDERAL BANKING COMMISSION CIRCULAR OF DECEMBER 1998, AND UNDER THE US PATRIOT ACT OF 2002, AS AMENDED IN FEBRUARY 2003 CONCERNING THE PREVENTION OF MONEY LAUNDERING
- SWISS FEDERAL LAW ON COMBATING MONEY LAUNDERING IN THE FINANCIAL SECTOR (AMLA), OF OCTOBER 10, 1997,
- AGREEMENT ON THE SWISS BANKS CODE OF CONDUCT WITH REGARD TO THE EXERCISE OF DUE DILIGENCE (CDB), OF JANUARY 28, 1998,
- SWISS PENAL CODE, OF 1937, INCL. ARTICLES 251 [ON FALSIFYING DOCUMENTS] AND 305BIS/305TER [MONEY LAUNDERING AND LACK OF DUE DILIGENCE IN HANDLING MONEY],
- SWISS FEDERAL BANKING COMMISSION, MONEY LAUNDERING GUIDELINES, OF 1998

THE FOLLOWING INFORMATION MAY BE SUPPLIED TO BANKS AND/OR OTHER FINANCIAL INSTITUTIONS FOR PURPOSES OF PROPER EXECUTION OF THE OBLIGATION CONCERNING VERIFICATION OF IDENTITY AND ACTIVITIES OF THE CLIENT AND CONTRACTING PARTNERS AND THE BENEFICIAL OWNERS OR BENEFICIARIES AS ESTABLISHED IN THE ABOVE STATED LAWS, AND THE NATURE AND ORIGIN OF THE FUNDS WHICH ARE TO BE UTILIZED. THE FOREGOING IS SUBJECT TO AGREEMENT BY ALL PARTIES TO WHOM THIS INFORMATION IS PROVIDED THAT THEY ARE OBLIGATED TO RESPECT THE PRIVACY RIGHTS OF THE CLIENT AND ALL INDIVIDUALS DESCRIBED HEREIN, AS WELL AS THE GENERALLY ACCEPTED PROFESSIONAL STANDARDS RELATING TO THE MAINTENANCE OF CONFIDENTIAL INFORMATION, AND TO TAKE ALL APPROPRIATE PRECAUTIONS TO PROTECT THE CONFIDENTIALITY OF THE INFORMATION CONTAINED HEREIN, THIS LEGAL OBLIGATION SHALL REMAIN IN FULL FORCE INDEFINITELY WITHOUT RESTRICTION.

WHEN A FINANCIAL TRANSACTION IS INTRODUCED, UNDERTAKINGS HAVE TO BE GIVEN TO THE FINANCIAL INSTITUTIONS TO SUPPLY ALL THE INFORMATION CONCERNING THE OWNER AND/OR BENEFICIARIES IDENTIFICATION AND ACTIVITIES AND THE NATURE AND ORIGIN OF THE FUNDS, WHICH ARE TO BE DEPOSITED WITH THE FINANCIAL INSTITUTION. ALL PARTIES ARE OBLIGATED TO RESPECT PROFESSIONAL SECRECY AND TAKE ALL APPROPRIATE PRECAUTIONS TO PROTECT THE CONFIDENTIALITY OF THE INFORMATION IN HOLDS IN RESPECT TO THEIR ACTIVITIES. EACH PARTY HAS A LEGAL OBLIGATION TO RESPECT PROFESSIONAL SECRECY, WHICH SHALL REMAIN IN FORCE AT ALL TIMES.

PLEASE COMPLETE WHERE APPLICABLE, IN BLACK INK AND CAPITAL LETTERS!

A) PERSONAL PROFILE OF CLIENT / PRINCIPAL

FIRST NAME			
MIDDLE NAME			
FAMILY NAME			
SALUTATION / PREFIX		SUFFIX	

PRIMARY NATIONALITY			
PASSPORT NUMBER		ISSUE DATE	
PLACE OF ISSUE		EXPIRATION DATE	
NATIONAL ID TYPE			
NATIONAL ID NUMBER		DATE OF ISSUE	
PLACE OF ISSUE		EXPIRATION DATE	



SECONDARY NATIONALITY			
PASSPORT NUMBER		ISSUE DATE	
PLACE OF ISSUE		EXPIRATION DATE	
NATIONAL ID TYPE			
NATIONAL ID NUMBER		DATE OF ISSUE	
PLACE OF ISSUE		EXPIRATION DATE	

PLACE OF BIRTH		DATE OF BIRTH	
COUNTRY OF BIRTH		NATIONALITY AT BIRTH	

ALL USED ALIASES OR FORMER NAMES	
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ARE YOU MARRIED	NO <input type="checkbox"/>	YES <input type="checkbox"/>
DO YOU HAVE CHILDREN	NO <input type="checkbox"/>	YES <input type="checkbox"/>
# UNDER THE AGE OF 18		# ABOVE THE AGE OF 18

Should you have more than one nationality or passport it will be necessary to supply copies of all passports or national identification documents (primary, secondary, and any other) with this CIS.

PERMANENT (PRIMARY) RESIDENTIAL ADDRESS (No PO Box)			
CITY		PROVINCE	
POST CODE		COUNTRY	
HOME TELEPHONE #		HOME FAX	
MOBILE TELEPHONE #		SKYPE	
E-MAIL			
HOW MANY YEARS RESIDING AT THIS ADDRESS		IF LESS THAN 10 YEARS PLEASE PROVIDE ON A SEPARATE SHEET A COMPLETE LIST OF ADDRESSES	

SECONDARY RESIDENTIAL ADDRESS (No PO Box)			
CITY		PROVINCE	
POST CODE		COUNTRY	
HOME TELEPHONE #		HOME FAX	
MOBILE TELEPHONE #		SKYPE	
E-MAIL			
HOW MANY YEARS RESIDING AT THIS ADDRESS		PLEASE PROVIDE ON A SEPARATE SHEET A COMPLETE LIST OF SECONDARY ADDRESSES FOR THE PAST 10 YEARS	

HAVE YOU LIVED OR HAVE RESIDENCES IN OTHER COUNTRIES			NO <input type="checkbox"/>	YES <input type="checkbox"/>
CITY	PROVINCE	COUNTRY	FROM - TO	



B) BUSINESS PROFILE (If applicable)

BUSINESS NAME			
MAILING ADDRESS (No PO Box)			
CITY		PROVINCE	
POST CODE		COUNTRY	
OFFICE TELEPHONE #		FAX	
MOBILE TELEPHONE #		SKYPE	
E-MAIL			

ALL FORMER AND CURRENT "DOING BUSINESS AS [DBA] NAMES	
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C) CORPORATION (JURISTIC PERSON) PROFILE

COUNTRY OF REGISTRATION			
REGISTRATION #			
CORPORATE OFFICERS NAMES & TITLES			
SHAREHOLDERS OF COMPANY			
ADDRESS OF REGISTRATION (No PO Box)			
CITY		PROVINCE	
POST CODE		COUNTRY	
IS THE CORPORATION (JURISTIC PERSON) IN GOOD STANDING	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
IS THE CORPORATION (JURISTIC PERSON) IN DEFAULT	NO <input type="checkbox"/>	YES <input type="checkbox"/>	
NATURE & BRIEF DESCRIPTION OF BUSINESS ACTIVITY			

YEARS IN BUSINESS		DATE OF INCORPORATION	
PUBLICLY TRADED COMPANY		NO <input type="checkbox"/>	YES <input type="checkbox"/>
TRADED ON WHICH STOCK EXCHANGE		LISTING NUMBER	



D) LEGAL QUESTIONS

HAVE YOU BEEN CONVICTED OF A CRIME OR FOUND LIABLE IN A LAWSUIT	NO <input type="checkbox"/>	YES <input type="checkbox"/>
ARE YOU UNDER INVESTIGATION FOR A CRIME OR NAMED IN A LAWSUIT	NO <input type="checkbox"/>	YES <input type="checkbox"/>

HAS ANY OF THE SHAREHOLDERS OR DIRECTORS BEEN CONVICTED OF A CRIME OR FOUND LIABLE IN A LAWSUIT	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>
HAS THE CORPORATION BEEN FOUND LIABLE IN A LAWSUIT	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>
IS ANY OF THE SHAREHOLDERS OR DIRECTORS UNDER INVESTIGATION OF A CRIME	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>
IS THE CORPORATION UNDER INVESTIGATION OF A CRIME OR NAMED IN A LAWSUIT	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>
ARE YOU A PARTY TO A LAWSUIT OR PENDING LEGAL ACTION	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>
ARE ANY OF THE SHAREHOLDERS OR DIRECTORS A PARTY TO A LAWSUIT OR PENDING LEGAL ACTION	NO <input type="checkbox"/>	YES <input type="checkbox"/>	NOT APPLICABLE <input type="checkbox"/>

ARE YOU A POLITICAL OFFICE HOLDER OR GOVERNMENT EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IS ANY SHAREHOLDER OR DIRECTOR A POLITICAL OFFICE HOLDER OR GOVERNMENT EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IS ANY DIRECT OR EXTENDED FAMILY MEMBER BY BIRTH OR MARRIAGE A POLITICAL OFFICE HOLDER OR GOVERNMENT EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>
ARE YOU A RETIRED OR PREVIOUS POLITICAL OFFICE HOLDER OR GOVERNMENT EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IS ANY SHAREHOLDER OR DIRECTOR A RETIRED OR PREVIOUS POLITICAL OFFICE HOLDER OR GOVERNMENT EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>
IS ANY DIRECT OR EXTENDED FAMILY MEMBER BY BIRTH OR MARRIAGE A RETIRED OR PREVIOUS POLITICAL OFFICE HOLDER OR GOVERNMENT EMPLOYEE	NO <input type="checkbox"/>	YES <input type="checkbox"/>
ARE YOU BEING NOMINATED AS A TRUSTEE OR NOMINEE BY A CURRENT OR PREVIOUS POLITICAL OFFICE HOLDER OR GOVERNMENT EMPLOYEE, CORPORATION, PERSON, OR ANY THIRD PARTY	NO <input type="checkbox"/>	YES <input type="checkbox"/>

ARE YOU AFFILIATED OR INVOLVED WITH ANY CORPORATION OR INDIVIDUAL PERSON THAT HAS BEEN CONVICTED OF ANY CRIMES OF FRAUD, MONEY LAUNDERING, TERRORIST FINANCING, OR ILLEGAL ACTIVITIES THAT ARE COVERED BY THE LAWS DESCRIBED ON THE FIRST PAGE.	NO <input type="checkbox"/>	YES <input type="checkbox"/>
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In case any of the above questions is answered "YES", separate written explanations and documentations are required!

E) ADVISORS – PRIVATE AND/OR CORPORATE

LAW FIRM			
ATTORNEY			
ADDRESS (No PO Box)			
CITY	PROVINCE		
POST CODE	COUNTRY		
OFFICE TELEPHONE #	FAX		
MOBILE TELEPHONE #	SKYPE		
E-MAIL			



ACCOUNTING FIRM			
ACCOUNTANT / CPA			
ADDRESS (No PO Box)			
CITY		PROVINCE	
POST CODE		COUNTRY	
OFFICE TELEPHONE #		FAX	
MOBILE TELEPHONE #		SKYPE	
E-MAIL			

F) **BANK DETAILS**

NAME OF PRIMARY BANK			
BRANCH			
BANK ADDRESS			
CITY		PROVINCE	
POST CODE		COUNTRY	
BANK OFFICER 1 & TITLE			
BANK OFFICER 2 & TITLE			
BANK TELEPHONE #			
BANK TELEFAX #			
BANK E-MAIL			
ACCOUNT NAME			
ACCOUNT #			
SWIFT CODE			
ABA # / SORT CODE / IBAN			
ACCOUNT SIGNATORY			
YEARS THIS ACCOUNT HAS BEEN ESTABLISHED AT THIS BANK			

NAME OF SECONDARY BANK			
BRANCH			
BANK ADDRESS			
CITY		PROVINCE	
POST CODE		COUNTRY	
BANK OFFICER 1 & TITLE			
BANK OFFICER 2 & TITLE			
BANK TELEPHONE #			
BANK TELEFAX #			
BANK E-MAIL			
ACCOUNT NAME			
ACCOUNT #			
SWIFT CODE			
ABA # / SORT CODE / IBAN			
ACCOUNT SIGNATORY			
YEARS THIS ACCOUNT HAS BEEN ESTABLISHED AT THIS BANK			



In you would like to provide additional accounts or banks please include a complete list on a separate sheet.

This document has to be accompanied by the following documents:

- A by a full page copy of the client's / signers passport. The passport has to be valid for no less than 12 month!
- Copy of document verifying correct residential address (NO PO BOX)
- A full CV of the issuer.
- When the application is made on behalf of a corporation a full set of current corporate documents have to be attached (included), including a copy of the registry of all registered officers and director.
- In case you not adequate space is provided in the form, please attach (include) a separate page with the additional information.
- It may be required that an additional extended Client Information Document needs to be completed after we reviewed your initial Client Information Sheet!

I HEREBY DECLARE, WARRANT AND AFFIRM UNDER PENALTY OF PERJURY THAT THE INFORMATION SET FORTH ABOVE IS TRUE AND ACCURATE.

CLIENT SIGNATURE We kindly require an original signature in wet blue ink!	
NAME OF CLIENT / PRINCIPAL	
NAME OF CLIENT / PRINCIPAL SIGNING	
TITLE OF SIGNER	

NOTARY PUBLIC

ON THIS DATE BEFORE ME, THE UNDERSIGNED PERSONALLY APPEARED BEFORE ME AND KNOWN TO BE THE INDIVIDUAL DESCRIBED HEREIN WHO EXECUTED THE FOREGOING DOCUMENT, ACKNOWLEDGING THAT THEY PROVIDED TRUTHFUL AND ACCURATE INFORMATION UNDER OATH AND EXECUTED THE SAME AS THEIR FREE ACT AND DEED.

MY COMMISSION EXPIRES:

NOTARY PUBLIC SIGNATURE

ALETAR INTERNAL INFORMATION (DO NOT COMPLETE THIS SECTION)

Paymaster Code :
CLIENT CODE :

