
CLIENT INFORMATION SHEET

Client Information		
Client/Signatory Name:		
Nationality:	Date of Birth:	Place of Birth:
Passport Number:	Date of Issue:	Expiration Date:
Passport Issued By: (copy of photo page attached)		
Personal Social Security or Federal EIN:		

Home Information		
Street Address:		
City/State/Zip:		
Home Phone:	Cell:	Fax:
Email:		

Business Information			
Company Name:		Phone:	
Street Address:		Fax:	
City/State/Zip:			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC
Corporate Federal EIN:		Registration No:	
Name of owner(s) or authorized officer(s) of business.			
Type of business:			
Place of Incorporation:		Start Date:	D&B No:
Legal Advisor Name:			
Legal Advisor Address:			
Phone:		Fax:	Email:

Banking Information	
Name of Bank:	
Street Address:	
City/State/Zip:	
Phone:	Fax:
Bank Officer:	Email:
Account Name:	
Account Signatory:	
Account No:	
ACH Routing No:	
S.W.I.F.T. Code:	

Release and Terms

The undersigned, acting as the duly authorized agent/representative for the above-named company, swears or affirms under penalty of perjury that the foregoing information is true and correct. The undersigned further swears or affirms under penalty of perjury that the transaction and the funds provided for the transaction are clean and clear, free of any liens or claims of any third party, and not the product of any money laundering, criminal or terrorist activity.

Signature:	Title:	Date:
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REPLY TO:

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