Know Your Customer

Individuals

In compliance with Law 8204 on narcotics, psychotropic substances, unauthorized drugs, related activities, money laundering and terrorism financing.

Member verification:

A. Personal Information

MEMBER ID

COMPANY

GIVEN NAME / SURNAME

ID NUMBER

ID EXPIRATION DATE

ID TYPE

CITIZENSHIP

DATE OF BIRTH

PLACE OF BIRTH

GENDER

☐ Male ☐ Female

COUNTRY

CITY

DISTRICT

PERMANENT PHYSICAL ADDRESS

With the purpose of complying with Law 8204, the undersigned declares under oath to the Company that the physical address included in the contact information section is my permanent physical address.

EMAIL

PHONE NUMBER

B. Employment Information

PROFESSION

OCCUPATION

SOURCE OF INCOME

PERFORMED ACTIVITY

COMPANY NAME

GROSS MONTHLY INCOME

GROSS MONTHLY INCOME (USD $)

C. FATCA & CRS

COMPANY ID NUMBER

1. Are you required to file taxes in the U.S.? ☐ Yes ☐ No

IF YES, PROVIDE YOUR SOCIAL SECURITY NUMBER (SSN)

2. Are you required to file taxes in a country other than the United States of America? ☐ Yes ☐ No

If yes, indicate the country(ies) or tax jurisdiction(s) (TIN / NIT). If you cannot provide it, state the reason.

COUNTRY

TIN / NIT

REASON CODE (A/B)

OTHER REASONS - SPECIFY

Reason codes for not having a TIN/NIT - A: Applied for / will apply, or awaiting issuance. B: The authority does not issue a TIN/NIT.
**** Please note that any individual who is a U.S. resident or citizen must be considered a U.S. taxpayer.*

CUSTOMER SIGNATURE

DATE

FOR INTERNAL USE ONLY

AUTHORIZATION

NAME / SIGNATURE

DATE

APPROVAL

NAME / SIGNATURE

DATE