

BENEFICIARY KYC

Names:	Last names:
Date of birth	Nationality:
Residence address:	
Tax residence:	
Identification Passport no.:	
Name of spouse:	Occupation:
Name of the company you currently work for:	Job description, how it works; who are your suppliers and buyers?:
Residential phone:	Cell phone:
E-mail:	Fax number:
Address for delivery of document(s):	

PEP Declaration

Are you or any member of your family a politically exposed person (PEP)?

Yes No

If you answered yes to the above question, please provide details below (public office held, length of time in such office and other relevant details):

References (minimum two)

Reference 1

Name:

Lawyer Bank Public Accountant Business Reference.

Tel. No.:

Fax no.:

E-mail:

Physical Address:

Reference 2

Name:

Lawyer Bank Public Accountant Business Reference.

Tel. No.:

Tel. No.:

E-mail:

Physical Address:

Note:

-If there are more beneficiaries, complete an additional form.

FINANCIAL SITUATION OF THE BENEFICIARY

Company name:		Incorporation or order date:	
Type of company:			
<input type="checkbox"/> Holding	<input type="checkbox"/> Investments	<input type="checkbox"/> Online sales	<input type="checkbox"/> Physical merchandise sales
Company or Foundation activity:			
Nominee	Do you want OPM to provide nominee? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SOURCE OF FUNDS OF THE COMPANY

Note: Please indicate the source of funds of the beneficial owners to start the business or the funds the company receives on a continuing manner (for transfer).

COUNTRY(IES) AND ADDRESS(ES) WHERE THE COMPANY OPERATES

Geographical area where the company operates:	Physical address from where the company is operated:
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Note: Provide specific details of all countries in which the company will operate. Worldwide, global continent names are not acceptable. It is clarified that operating means the country or countries where the company does business (has customers and/or suppliers) or from where the company is effectively administered/operated.

PROPERTIES AND INVESTMENTS

Are you participating in any of these activities or do you own real estate?

<input type="checkbox"/> Holding company, explain type of participation:	
<input type="checkbox"/> Other companies [provide names and location]:	
<input type="checkbox"/> Real estate [provide location and estimated value]:	
<input type="checkbox"/> Bonds, stocks, shares, other values.	
<input type="checkbox"/> Operating bank accounts and/or investment accounts. Provide name of banks and location	
Bank name:	Address:
Bank name:	Address:
<input type="checkbox"/> Company dedicated to commerce, e-commerce and/or industry. (please explain the activity):	
<input type="checkbox"/> Otras actividades (por favor proporcione una descripción):	
Annual income during the immediately preceding year:	Please give details of the assets or business that will be controlled by the company or foundation, if applicable in this case:

Note:
Complete as much detail as possible

ACCOUNTING RECORDS CUSTODIAN

I declare that the person who keeps the accounting records is:

Names:	Last names:
Address 1:	State Province:
Address 2:	Zip Code:
City:	Country:
Cell phone:	E-mail:

Note: All companies are required by law to keep accounting records and the registered agent must be informed in writing where the records are kept. Please provide the location where the accounting records will be maintained.