

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

DOCUMENTATION ENCLOSED

***** CORPORATE ENTRY *****

DATE:

TO: Platform Program Manager

RE: Participation in Structured Private Financial Opportunity

- **CLIENT INFORMATION SHEET**
- **CORPORATE RESOLUTION**
- **AUTHORIZATION TO VERIFY FUNDS**
- **PASSPORT(S)**
- **AUTHORIZATION TO VERIFY FUNDS OR ASSETS**
- **VALID CERTIFICATE OF INCORPORATION**
- **SKR'S**
- **CERTIFICATES AND EVALUATION REPORTS**
- **SEPARATE QUALITY ATTACHMENTS, SKR'S, CERTIFICATES, VALUATION REPORTS, ETC.**
- **PROVIDENCE OR OWNERSHIP**
- **PROOF OF LIFE**

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

CLIENT INFORMATION SHEET (Part 1)

Directions: This document must be completed in full. If a line item does not pertain, then insert the term: "N/A" (non-applicable).

CORPORATE INFORMATION

Full name of Company	:	
Date of Incorporation	:	
Incorporated in Country/State	:	
Registration number	:	
Board Members + Title	:	
	:	
	:	
	:	
	:	
	:	
Reg. Address	:	
City	:	
County	:	
Zip/Postal Code	:	
Country	:	
Mailing Address	:	
City	:	
County	:	
Zip/Postal Code	:	
Country	:	
Phone Number	:	
Mobile Nr. Responsible	:	
E-mail address	:	

[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]

CLIENT INFORMATION SHEET (Part 2)

PERSONAL INFORMATION SIGNATORY

First Name	:	
Middle Name	:	
Street Address:	:	
City:	:	
State:	:	
Country:	:	
Postal Code:	:	
Gender	:	
Date of Birth	:	
Country of Citizenship	:	
Languages	:	
Telephone Number:	:	
Passport Nr.	:	
Issuing Date	:	
Expiration Date	:	
Issuing Authority	:	
Country	:	

TRANSACTION INVESTMENT

Investment	:	
Funds available for this transaction:	:	
Type of currency:	:	
Origin of funds:	:	
Are these funds free and clear of all liens, encumbrances, and third-party interests:	:	

[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]

CLIENT INFORMATION SHEET (Part 3)

LANGUAGES / TRANSLATOR

Languages	:	
Signatory speaks English?	:	
If No, Name of Translator	:	
Tel Number	:	
Email Address	:	

ATTESTATION ATTORNEY AT LAW/ LEGAL ADVISOR

Name of Law Firm	:	
First, Middle and Last Name	:	
Gender	:	
Date of Birth	:	
Country of Citizenship	:	
Passport Number	:	
Date of Issue	:	
Date of Expiry	:	
Issuing Authority	:	
Reg. Address	:	
City	:	
County	:	
Zip/Postal Code	:	
Country	:	
Telephone Number	:	
Mobile Number	:	
Email Address	:	
Attorney Reg. Nr.	:	

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

CLIENT INFORMATION SHEET (Part 4)

BANK INFORMATION (CORPORATE)

Bank Name (where funds are currently on deposit):	:	
Street Address:	:	
City:	:	
State:	:	
Country:	:	
Postal Code:	:	
Account Name:	:	
Account Number:	:	
Sort Code ABA No.:	:	
SWIFT Code:	:	
Account Signatory:	:	
Bank Officer # 1 Name:	:	
Bank Officer # 2 Name:	:	
Bank Officer Email:	:	
Telephone Number:	:	
Fax Number:	:	

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

CLIENT INFORMATION SHEET (Part 5)

CLIENT ACCOUNT WHERE PROFITS TO BE PAID

Bank Name	:	
Street Address:	:	
City:	:	
State:	:	
Country:	:	
Postal Code:	:	
Account Name:	:	
Account Number:	:	
Sort Code ABA No.:	:	
SWIFT Code:	:	
Account Signatory:	:	
Bank Officer # 1 Name:	:	
Bank Officer # 2 Name:	:	
Bank Officer Email:	:	
Telephone Number:	:	
Fax Number:	:	

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

I, **(INSERT NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **13 February 2023**

For and on behalf of **(NAME OF COMPANY)**

Signature	:	_____
Name / Title	:	
Passport Number	:	
Date of Issue	:	
Date of Expiry	:	
Country of Issuance	:	

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

CORPORATE RESOLUTION

INVESTOR TRANSACTION CODE:

All of the directors of **(COMPANY NAME)** below listed were in attendance, in person or by telephone conference. General discussion was then held concerning the issue, and all aspects of the same, were fully explained in detail to the satisfaction of the board members.

Name / Title	:	
Passport Number	:	
Name / Title	:	
Passport Number	:	
Name / Title	:	
Passport Number	:	
Secretary Name / Title	:	
Passport Number	:	

The Board of Directors of **(COMPANY NAME)** an International Business Company incorporated on **(DATE)** in **(LOCATION)** in **(COUNTRY)**, with Registered Offices at **(ADDRESS)** in a meeting held on this the **(Day)** Day of **(MONTH)**, **(YEAR)**, adopted the following resolutions.

RESOLUTION 1:

It is resolved that the Board of Directors of **(COMPANY NAME)** hereby authorizes: **(NAME)** holder of Passport Number **(NUMBER)** issued on **(DATE)**.

As our Managing Member, as the **(President-CEO etc.)** who assigned authority, on our behalf stay and name, to instruct, negotiate, arrange, monitor, execute, manage and sign any and all agreements and/or necessary contracts with third parties pertinent to all financial transactions with bank instruments (securities/derivatives)

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

RESOLUTION 2:

It is resolved that at this meeting of the Board of Directors that our Managing Member and in fact (NAME) acts for (COMPANY NAME) with regards to the afore said financial investment.

RESOLUTION 3:

It is resolved that (INSERT NAME), is hereby authorized to act as our Financial Director for afore said purpose.

RESOLUTION 4:

It is resolved the Board of Directors of (COMPANY NAME) hereby authorized (INSERT NAME), to assume all authority, powers, duties, signatory rights and responsibilities on our behalf.

RESOLUTION 5:

It is resolved that (INSERT NAME), is hereby authorized to open a personal, corporate, trading, trust and/or custodial account in any bank, domestic or foreign and to sign such resolutions as may be required by such bank to accomplish the objective(s) as stated herein and to give irrevocable instructions to said bank(s) on our behalf.

I, (INSERT NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: February 13, 2023

For and on behalf of (NAME OF COMPANY)

Signature	:	_____
Name / Title	:	

Signature	:	_____
Secretary Name / Title	:	

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

AUTHORIZATION TO VERIFY FUNDS OR ASSETS

DATE : 13 February 2023
TO : ACE Program Manager
RE : Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Know all men, by these that I, **(INSERT NAME)**, at the address shown above, give you clear notice that you have my direct permission and full authority to do all matters necessary to confirm, verify, and authenticate my beneficially owned cash funds and/or application asset(s) and its associated good standing account status, in an amount of **(SPELL AMOUNT)** United States Dollars (\$____,000,000.00 USD) on a bank to bank basis. The below stated beneficially owned account is of good, clean, and cleared cash funds obtained via legal means, and is currently available at the bank coordinates below:

CASH OR FACE VALUE AMOUNT	:	(\$____,000,000.00 USD)
BANK OR SAFE HOUSE NAME	:	
BANK/SAFE HOUSE ADDRESS	:	
ACCOUNT NAME	:	(ACCOUNT NAME)
ACCOUNT NUMBER	:	(ACCOUNT NUMBER)
ACCOUNT SIGNATORY	:	(ACCOUNT SIGNATORY)
(BANK) OFFICER & TITLE	:	(OFFICER / TITLE)
(BANK) OFFICER E-MAIL	:	(OFFICER E-MAIL)

COPY OF THIS AUTHORIZATION WILL BE LODGED AND PRESENTED TO MY BANK OFFICER AND/OR SAFE HOUSE RESPONSIBLE.

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

In witness hereof I, **(INSERT NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: **February 13, 2023**

For and on behalf of **(NAME OF COMPANY)**

Signature	:	_____
Name / Title	:	
Passport Number	:	
Date of Issue	:	
Date of Expiry	:	
Country of Issuance	:	

C.C.: (INSERT NAME OF BANK AND BANK OFFICER AND/OR SAFE HOUSE RESPONSIBLE)

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

PASSPORT

PROVIDE COLOUR COPY ENLARGED (140%) TO THIS SIZE (8½ X 11 INCHES). PICTURE MUST BE CLEAR AND NOT DARK. ENLARGE & LIGHTEN (USING PHOTO SETTING). COLOUR SCAN THE PASSPORT INTO YOUR COMPUTER AT A HIGH RESOLUTION IN THE JPEG FORMAT AND INSERT.

[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]

VALID CERTIFICATE OF INCORPORATION
(CHAMBER OF COMMERCE EXTRACT)

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

SKR'S

SKR'S. ALSO KINDLY INCLUDE UN-SANITIZED FULL SKR IN PDF SEPERATELY ATTACHED. THANK YOU.

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

CERTIFICATES AND EVALUATION REPORTS

CERTIFICATES AND EVALUATION REPORTS. ALSO KINDLY INCLUDE UN-SANITIZED FULL CERTIFICATES AND EVALUATION REPORTS IN PDF SEPERATELY ATTACHED. THANK YOU.

[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]

PROOF OF PROVIDENCE OR OWNERSHIP.

**[INSERT APPLICANT LETTERHEAD]
[INSERT APPLICANT ADDRESS, TELEPHONE, EMAIL]**

PROOF OF LIFE