



KNOW YOUR CLIENT - JURIDICAL PERSON

Client No: \_\_\_\_\_

Account No: \_\_\_\_\_

Account Name: \_\_\_\_\_

Type of Signature

Individual  Joint

Type of Juridical Person

Local  Foreign

Type of Account  Discretional  Non Discretional

Management of Correspondence

Retain  
 Send to: \_\_\_\_\_  
 E-mail \_\_\_\_\_

B. General Data

Company's name		Commercial Name		Juridical I.D. / R.U.C.	
Type of Entity <input type="checkbox"/> S.A. <input type="checkbox"/> SRL <input type="checkbox"/> Foundation <input type="checkbox"/> Other		Business Sector <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Financial <input type="checkbox"/> Non Financial <input type="checkbox"/> Other - Specify			
Economic Activity					
Size of Company <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Big <input type="checkbox"/> It does not apply for being patrimonial Company					
Amount of Employees		Place and Date of construction		Day [ ]	Month [ ]
				Year [ ]	
Physical Location of the Company		Country		State / Province	
				District	
Specify					
Legal Representative				Contact Person	
P.O. Box		Telephone		Fax	
				Electronic Mail or Web Page	

C. Company's details and Activity

Environment of the business <input type="checkbox"/> Local <input type="checkbox"/> Regional <input type="checkbox"/> Multinational <input type="checkbox"/> Other Specify _____					
Category of the Company <input type="checkbox"/> House <input type="checkbox"/> Subsidiary <input type="checkbox"/> Franchise <input type="checkbox"/> Other Specify _____					
Description of activity; include products or services provided. In case of not having commercial activities, please indicate. Be as explicit as possible in both situations.					

Detail of Business to international level	<input type="checkbox"/> Imports	<input type="checkbox"/> Exports	<input type="checkbox"/> Other Detail _____
Do you belong to any Economic Interest Group?			
<input type="checkbox"/> YES ¿Which one?			
<input type="checkbox"/> NO _____			

**D. Detail of Board of Directors**

President's name	I.D. Number	Nationality	Address
Vicepresident's Name	I.D. Number	Nationality	Address
Secretary's Name	I.D. Number	Nationality	Address
Treasurer's Name	I.D. Number	Nationality	Address
Legal Representative's Name*	I.D. Number	Nationality	Address

\* In addition, please complete the form. Know Your Client. Information on the legal representative and partners.

**E. Describe the main partners of the company (those holding the 10% or more of the company's corporate capital must be considered).**

Name of Partner	Identification Number	Percentage of Participation
Name of Partner	Identification Number	Percentage of Participation
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In each case of the cases indicated in this P.O. Box the form must be completed. Info on the Legal Representative and Partners.

**F. Persons authorized to make transactions in this account.**

The persons described as follows shall be authorized to execute purchase operations at the counter or secondary market, and to request sales in secondary market on behalf of the person I represent. This authorization will be in force as of the moment the authorized person register his signature.

Name	Identification Number	Signature
Name	Identification Number	Signature
Name	Identification Number	Signature
Name	Identification Number	Signature

### G. Source of Funds

I hereby swear under oath that the funds to be transacted were originated in the following manner and belong to the Company:
<input type="checkbox"/> Partners Contribution <input type="checkbox"/> Financing <input type="checkbox"/> Normal Operation <input type="checkbox"/> Transfer of funds from other entity <input type="checkbox"/> Other sources
Detail
Generate dollars? <input type="checkbox"/> YES <input type="checkbox"/> NO

Are any of the above persons a Political figure of the Panamanian Government or a Foreign Government. (Person politically exposed or PPE)? No\_\_  
 Yes \_\_ Explain \_\_\_\_\_

The undersigned, \_\_\_\_\_ bearing personal identity card / Personal Passport No. \_\_\_\_\_, acting in his own name and exercising my powers, hereby declares under the seriousness of oath and knowing the provisions of Laws 41 and 42 of October 2, 2000, and Decree Law 1 of 1999 of the Stock Exchange Commission, that the data herein provided are correct and I authorize their verification with the purpose of complying with the policy "Know Your Client" and other legal provisions in connection with the process of opening and management of investments account.

The funds deposited come from \_\_\_\_\_ and do not come from any illicit activity contemplated in the regulations in force regarding prevention of crime of Capitals Laundering and Terrorism Financing.

I release a EUBK STOCK HOUSE CORP., from all responsibility of closing of my account, as well as all responsibility derived from he issuance of false, erroneous, or untrue information I might have provided in this document..

### H. Dividends Payment Information

Indicate means by which you wish to receive dividends payment
<input type="checkbox"/> Personally, by means of check <input type="checkbox"/> Send check to the following address: _____
<input type="checkbox"/> Funds transferred to Account No. _____, Bank _____, In the name of _____

## I. References

Banks or other entities reference	Banks or other entities reference
Banks or other entities reference	Banks or other entities reference
Personal or Commercial references	Personal or Commercial references
Personal or Commercial referentes	Personal or Commercial references

## J. Documents to be enclosed

In case of foreign company, the documents requested must be legalized before a Consulate

Dear investor: We will appreciate to enclose the following information:

- Copy of the Articles of Incorporation and Amendments
- Certificate of the Public Registry validity of no less than 30 days
- Minutes of the Board of Directors authorizing the opening of bank account
- Sworn Declaration
- Two Bank References
- Copy of identity card / Passports of the officers and signatories
- Administration and Custody Agreement
- Signed Authorization to receive instructions via Fax/e-mail

I hereby declare that this form has been completed by me and/or in my presence, and that the information provided in the same is true and correct; therefore, I authorize its verification and, at the same time, undertake to keep the entity informed on any changes that might arise in the future in connection with said information. I further declare to have received the prospect who manages my investment.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**For exclusive use of EUBK STOCK HOUSE CORP.**

Referred by: \_\_\_\_\_

Broker: \_\_\_\_\_

Captured by: \_\_\_\_\_

Approved by: \_\_\_\_\_

**Remarks**

Broker's signature \_\_\_\_\_ Principal Executive's signature \_\_\_\_\_

Compliance Officer's signature \_\_\_\_\_ Date \_\_\_\_\_