



KNOW YOUR CLIENT – NATURAL PERSON

Client No.: _____

Account No.: _____

Name of the Account: _____

Type of Signature

Individual Joint

Type of Natural Person

Local Foreign

Type of Account Discretional Non Discretional

Management of Correspondence

Retain
 Send to: _____
 E-mail _____

B. General Data of Investor

First Last Name	Second Last Name	Name	Second Name
Number of Identification Residencia		Type of	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Expiry Date: Day [] Month [] Year []	Date of Birth: Day [] Month [] Year []	Place of Birth	Nationality
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Domicile: Country	State / Province
	District	Detail	
P.O. Box	Residence Telephone	Office Telephone / Cell phone	Fax
Electronic Mail	Profession	Occupation or current activity	

C. Spouse General Data

First Last Name	Second Last Name	Names(s)	Identification Number
Type of Identification <input type="checkbox"/> I.D. Card <input type="checkbox"/> Passport <input type="checkbox"/> Residence I.D. <input type="checkbox"/> Others Detail __	Date of birth Day [] Month [] Year []		
Place of Birth	Nationality	Occupation or current activity	

D. Company's Data or Place of income source

Name of the Company or Business	Position		
Telephone(s)	Fax	Actitivy of the Company or business	
Address: Country	State – Province	City	

P.O. Box:	e-mail:
Monthly income for Wages	Other Income

E. Authorized Persons to execute transactions in this account.

The following persons are authorized to execute purchase operations through window or secondary market, and to request sales in secondary market on my account. This authorization is valid as of the moment in which the authorized person registers his/her signature.

Authorized Person 1

First Last Name	Second Last Name	Name	Second Name
Identification Number		Type of Identification	<input type="checkbox"/> I.D. Card <input type="checkbox"/> Passport <input type="checkbox"/> Residence I.D.
Expiry Date: Day [] Month [] Year []	Date of Birth: Day [] Month [] Year []	Place of Birth	Nationality
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Domicile: Country	State / Province
	District	Detail	
Personal Domicile			
P.O. Box	Residence Telephone	Office Telephone / Cell phone	Fax
Electronic Mail	Profession	Occupation or current activity	

Authorized Person 2

First Last Name	Second Last Name	Name	Second Name
Identification Number		Type of Identification	<input type="checkbox"/> I.D. Card <input type="checkbox"/> Passport <input type="checkbox"/> Residence I.D.
Expiry Date: Day [] Month [] Year []	Date of Bioth: Day [] Month [] Year []	Place of Birth	Nationality
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Domicile: Country	State / Province
	District	Detail	
Personal Domicile			
P.O. Box	Residence Telephone	Office Telephone / Cell Phone	Fax
Electronic Mail	Profession	Occupation or current activity	

Authorized Person 3

First Last Name	Second Last Name	Name	Second Name
Identification Number		Type of Identification	<input type="checkbox"/> I.D. Card <input type="checkbox"/> Passport <input type="checkbox"/> Residence I.D.
Expiry Date: Day [] Month [] Year []	Date of Birth: Day [] Month [] Year []	Place of Birth	Nationality
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	Domicile: Country	State / Province
	District	Detail	
Personal Domicile			
P.O. Box	Residence Telephone	Office Telephone / Cell Phone	Fax
Electronic Mail	Profession	Occupation or Current Activity	

F. References

Banks or other entities reference	
Personal or Commercial References	

G. 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

H. Source of Funds

I hereby swear under oath that the funds to be transacted were originated in the following manner and belong to me:

Wage [Include Gross and Net Wages]
 Pension [Amount, Starting Date]
 Inheritance [Name of Deceased, relationship, amount]
 other sources [Specify]

Own Business [Business Monthly Income]
 Savings
 Transfer of funds to other entity [Name, amount, reason]

Specify

Do you manage thirds fund? YES NO
[Partners, Investors, other]

If positive, please fill in the Investment Information form – Know Your Client – Juridical Person if you manage resources coming from companies.
If you manage resources of physical third persons, please fill in the Investment Information form – Know Your Client – Physical Person..

Generate dollars? YES 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, hereby declare 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 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..

I. Documents to be enclosed

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

Copy of personal identification document of the account holder and all the signatories

Two Original Bank References

Administration and Custody Agreement

Authorization to receive instructions via fax

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.

Client's signature

Date

Client's 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 _____