

KNOW YOUR CLIENT (KYC) FORM

1. PERSONAL INFORMATION

Full Name:	<input type="text"/>	ID or Passport Number:	<input type="text"/>
Nationality:	<input type="text"/>	Date of Birth:	<input type="text"/>
Phone Number:	<input type="text"/>	Gender:	<input type="text"/>
Email:	<input type="text"/>	Marital Status:	<input type="text"/>
Residential Address:	<input type="text"/>		

2. SPOUSE INFORMATION (IF APPLICABLE)

Full Name:	<input type="text"/>	ID or Passport Number:	<input type="text"/>
Nationality:	<input type="text"/>	Date of Birth:	<input type="text"/>
Phone Number:	<input type="text"/>	Gender:	<input type="text"/>
Email:	<input type="text"/>	Marital Status:	<input type="text"/>
Residential Address:	<input type="text"/>		

3. WORK INFORMATION

Private Employee
 Public Employee
 Independent Professional
 Business Owner

Company Name:	<input type="text"/>	Position:	<input type="text"/>
Year in the Company:	<input type="text"/>	Salary:	<input type="text"/>
Business Activity:	<input type="text"/>	Phone Number:	<input type="text"/>

4. FINANCIAL PROFILE

Annual Income:

Less than or equal to US\$20,000
 Between US\$20,000 and US\$30,000
 Between US\$30,000 and US\$50,000
 Between US\$50,000 and US\$70,000
 More than US\$70,000

Description of income sources:

4. BANKING AND COMMERCIAL REFERENCES

Name of the bank:	<input type="text"/>	Name of the business entity:	<input type="text"/>
Contact name:	<input type="text"/>	Business contact name:	<input type="text"/>
Position:	<input type="text"/>	Position:	<input type="text"/>
Time as a client:	<input type="text"/>	Time as a client:	<input type="text"/>
Phone:	<input type="text"/>	Phone:	<input type="text"/>

5. PROPERTY INFORMATION

Project:	<input type="text"/>	Unit Number:	<input type="text"/>
Price:	<input type="text"/>		
Comments:	<input type="text"/>		

6. POLITICALLY EXPOSED PERSON

Politically exposed persons are those who occupied (or have occupied) prominent public positions in a local or foreign government.

Over the last three (3) years, myself or one of my direct family members have held a public function that makes myself (or them) a politically exposed person. Yes No

In case the previous answer is yes, please complete the below for each identified politically exposed person:

Relationship to the purchaser: _____ Name of the Politically Exposed Person: _____
 Period in the role: from _____ to _____

SWORN DECLARATION

In accordance with the provisions of Law 155-17 against Money Laundering and Financing of Terrorism, I affirm that all the information I have stated on this form is true and I give Bluewave Group freedom to check, through any means, the veracity of them. With the signature of this form, I grant a formal release to Bluewave Group for any disclosure of the information provided in this form, including personal data, to the competent authorities. In addition, I formally declare that the funds that will be used to purchase the property have not been originated from illicit activities.

Client Name:

Client Signature:

Please attach the following documents:

- A - Identification Documents (ID / driver license / passport). If you are a foreign national, please include two different identification documents.**
- B - Spouse identification documents (if applicable).**
- B - Documents that support your financial profile (employment letter, bank statements for the past three months, brokerage accounts)**