

PROFESSIONAL ASSOCIATES - INTERMEDIARIES CONFIDENTIAL FORM

Please send us this form by fax or e-mail, accompanied by your firm's brochure or profile - we will then contact you in order to guide you through our joining procedure (a simple & straightforward procedure).

Please note that the financial details of our association will be set out clearly on the Acceptance Letter which will be issued and couriered to you at the end of the process.

We appreciate the time and effort to comply with our due diligence procedures. Our due diligence procedures require us to carry out certain inquiries. The following information is necessary to ensure that we comply with these procedures, as well as the applicable laws and regulations of the Republic of Cyprus. Please expect these procedures to change from time to time to reflect changes in Cyprus / EU Law or Regulation.

DUE DILIGENCE INFORMATION			
Company Details			
Company/Firm Nam Г	e		
Address			
Tel.		Fax	
Email(s)			
Website			
Mailing Addreess (if different from above)			
Country		Zip/Post Code	
Authorized Representatives and Contact Details			
Title (Mr., Mrs., Dr.)		First Name	
Last/Surname		Date of Birth	
		Nationality	
Occupation		Telephone	
Passport N°			



Declaration

a) That the information provided herein is true and accurate to the best of my knowledge and ensure that the source of the funds for the payment of FOCUS BUSINESS SERVICES services / fees are not derived from drug trafficking and/or terrorist activities and/or any form of money laundering.

b) That none of the services rendered by FOCUS BUSINESS SERVICES will be used to engage in drug trafficking and/or terrorist activities and /or any form of money laundering.

c) That I will notify FOCUS BUSINESS SERVICES of any changes to the above information.

d) That I will comply with the following Anti-Money Laundering Code:

I agree to the following, in addition to any other due diligence requirements imposed from time to time by law or regulation:

1. That I will verify the identity of all Beneficial Owners (End-User Clients) and authorized signatories of all existing and new companies that I instruct FBS to incorporate.

2. That I will maintain such identity records and/or records of transactions for at least five years after I cease doing business with a particular client.

3. That I will supply the identity records in case we are required to do so by the Cyprus authorities.

4. That I will inform you specifically of each case where I have been unable to verify the identity of the beneficial owners or the authorized signatories of a company.

5. That none of the services rendered will be used to engage in any drug trafficking and/or terrorist activities and/or any form of money laundering or other illegal activities, and

6. That I understand that you cannot incorporate a company or continue to provide services if you are not able to comply with paragraph (1) to (5).

Signature

Date ____/___/

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