

# BENEFICIAL OWNER'S DECLARATION

Company \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Passport or ID No. \_\_\_\_\_

**Current Residence Address:**

Street: \_\_\_\_\_

Date Since \_\_\_\_\_

City: \_\_\_\_\_

Apt/ House No. \_\_\_\_\_

Country: \_\_\_\_\_

State/Province: \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

**Communication Numbers:**

Residence Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Business Telephone \_\_\_\_\_

Fax No. \_\_\_\_\_

Email Address \_\_\_\_\_

My business occupation for the past three (3) years has been: **(Give details: Company, Nature of Business, Position held, Period, etc.).** \* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The intended activity of your company is\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated Annual Turnover: \_\_\_\_\_

Country/Countries where activity is to be undertaken\* \_\_\_\_\_

None of my or the company's assets, net worth, income or activities relate in any manner to illegal armaments, money laundering, illegal drugs or other illegal controlled substance, or any activity that I know to be illegal in my country of citizenship, residence or domicile, and/or in the place of incorporation.

I do not intend to hinder, delay or defraud any creditors, or engage in any illegal conduct in relation to creditors and do not intend to engage the services of Afford Recruitment Limited in order to facilitate or otherwise engage in such activity.

I hereby expressly, specifically and unqualifiedly agree to wholly hold harmless and indemnify Afford Recruitment Limited, its shareholders, officers, directors, employees, agents and nominee shareholders and (or) nominee directors provided by Afford Recruitment Limited or its agents, if any, from any liabilities of any kind or character arising out of any lawful actions taken by them in reliance upon any fact of statement contained in this declaration which may hereafter prove to be untrue or materially inaccurate.

Declaring: \_\_\_\_\_ / \_\_\_\_/20\_\_  
(Print Name) (Signature)

Witness: \_\_\_\_\_ / \_\_\_\_/20\_\_  
(Print Name) (Signature)

\*Please use a separate sheet if space is not sufficient Note: All the fields of present form must be filled in.