INVESTOR TRANSACTION CODE:

DOCUMENTATION ENCLOSED

*** CORPORATE ENTRY ***

DATE: November 27, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

- UNDERSTANDING THE RULES OF THE ROAD
- AFFIDAVIT REQUESTING INFORMATION
- CLIENT INFORMATION SHEET
- LETTER OF EXCLUSIVITY
- CORPORATE RESOLUTION
- CORPORATE REGISTRATION & CURRENT LETTER OF GOOD STANDING
- LETTER OF INTENT
- LETTER OF CEASE & DESIST CONFIRMATION
- SOURCE OF FUNDS AFFIDAVIT
- LETTER OF NON-SOLICITATION & REQUEST
- AUTHORIZATION TO VERIFY FUNDS
- CONFIRMATION OF BANK OFFICER
- READY, WILLING AND ABLE CONFIRMATION OF CASH FUNDS
- PASSPORT(S)
- PROOF OF FUNDS & INSTRUMENT INSTRUCTIONS
- PROOF OF LIFE

ATTACHMENTS IF NEEDED

MEMORANDUM

E-mail, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request.

PPLICANT INITIALS	PAGE 1 OF 24
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UNDERSTANDING THE RULES OF THE ROAD

None of the customary standards and practices that apply to normal, conventional business, investing and finance applies to private funding programs. It is a "privilege" to be invited to participate in a Private Placement Transaction Program, not a "right." The trading administrators and managers have a virtually endless supply of financially qualified applicants. All things considered, the trading administrators and their banks will favor the applicant who provides the best paperwork. An applicant should never underestimate what the trading entities knowledge about him. Failure to provide full disclosure will disqualify the disingenuous. Clients must first prove that they are qualified, not the other way around. Until the client is accepted by Compliance, the Traders, and Trading Banks, no placement can occur. The U.S. Patriot Act has introduced obligatory compliance procedures. Face-to-face interviews with compliance officers and program management are occasionally required, but generally not necessary. Any arrogant or demanding personality will be guaranteed to be rejected. Only the principal owner of funds is required as signatory. Corporations must empower an Officer or Director as sole, exclusive signatory by using a Corporate Resolution. Not only do the funds have to be on deposit in an acceptable bank; they must also be in an acceptable jurisdiction. It is felony fraud to submit documents or financial instruments that are forged, altered or counterfeit. Such documents are promptly referred to the appropriate law enforcement agencies for immediate criminal prosecution. The practices, procedures and rules are determined by the U.S. Federal Regulatory Authorities, Western European Central Banks program management, licensed traders and trading banks. It is their decision whom to accept and whom to reject. Contract terms, yield, schedules, etc., are made to fit their needs and schedules – and not the caprices or demands of the investors. This marketplace is highly regulated and strictly confidential, and absolute confidentiality by the investor is a key element of every contract. A client who breaks confidentiality will precipitate instant cancellation. Finally, submission of the application documents to more than one management group at a time is termed "shopping". If an investor "shops" he can expect that this fact shall be quickly disseminated and known among the program management groups who maintain close communication – and will then be accepted by none and rejected by all.

I, (NAME), have read and accepted the above as of this date:	November 27, 2024
Signature:	
Name: Passport Number: Country of Issuance:	

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APPLICANT INITIALS

INDEMNITY AFFIDAVIT REQUESTING INFORMATION

DATE: November 27, 2024
TO: Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

- I, (NAME), the undersigned, on my own behalf, do hereby affirm that I have requested specific information about Private Placement Opportunities and or the Participation in Investment Programs. The confidential information presented, received, and learned is not for the solicitation of funds, nor is it an offering of any kind, but is for my general knowledge. I confirm that I have requested the information of my own free will and choice, and further confirm that no party has solicited me in any way. I hereby agree to keep all information received from you strictly confidential, private, and proprietary, and that I will not disclose it to any other third party.
- I, (NAME), further affirm that any funds or assets I decide to place are done so at my own specific initiative, risk, and authorization with full consideration and without duress. I further affirm that the information received is intended solely for my PRIVATE & CONFIDENTIAL USE ONLY. I am a sophisticated investor by all definitions of that classification known to me; I make my own investment decisions, and have legally acquired assets available. I, hereby reaffirm, under penalty of perjury that I have requested information from you and your organization and that you have not solicited me in any manner.
- I, (NAME), understand that the contemplated transaction is strictly one of Private Placement or the participation in various Financial Investment Programs, and is in no way relying upon existing regulations in relation to the United States Securities Act of 1933 as amended, or related regulations, and does not involve the buy and sell of securities. I further declare that I am not a licensed securities broker or government employee and understand that neither are you or your organization. I mutually agree that this Private Placement Transaction is exempt from the securities act.
- I, (NAME), understand and agree that the ICC NON-DISCLOSURE and NON-CIRCUMVENTION rules apply to this affidavit and business relationship, and hereby agree to the current application standards of the International Chamber of Commerce, Paris, France which rules are made a part hereof by this reference.
- I, (NAME), under penalty of perjury, with full COMPANY responsibility, hereby irrevocably, confirm that neither myself, nor anyone else associated with my organization, my corporation,

APPLICANT INITIALS	PAGE 3 OF 24
AFFLICAINI IINIIIALS	FAGE 3 OF 25

or the COMPANY investor are working for any Agencies of any Government. I further state under penalty of perjury that I am not involved in any Government entrapment operation.

- I, **(NAME)**, under penalty of perjury, with full COMPANY responsibility, hereby irrevocably, confirm that neither myself, nor anyone else associated with my organization or corporation have been convicted of a felony, either within the United States or anywhere in the world where that crime would be considered equal to a US felony. To the best of my knowledge I am not nor are any of my associates considered to be terrorists or on any watch list with the United States Department of Homeland Security.
- I, (NAME), agree that all email and facsimile transmitted documents shall be treated as original documents. I further agree that in all cases where plural might apply where singular tense is used it is so applied.
- I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: November 27, 2024

Signature: _		
Name:		
Passport Nur	mber:	
Date of Issue	<u>:</u> :	
Date of Expir	y:	
Country of Is	suance:	

CLIENT INFORMATION SHEET

Directions: This document must be completed in full. If a line item does not pertain then insert the term: "N/A" (non-applicable).

Personal Information

First Name:

Middle Name:	
Last Name:	
Gender:	
Date of Birth:	
Social Security Number:	
Country of Citizenship:	
Decree of March 1	
Passport Number:	
Date of Issue:	
Date of Expiry:	
Issuing Authority:	
Home Street Address:	
City:	
State:	
Country:	
Postal Code:	
Telephone Number:	
Fax Number:	
Mobile Number:	
Email Address:	
Languages / Translator	
3 3 47 4 4 4 4 4	
Languages:	
Do you speak English?:	
If No, Name of Translator:	
Tel Number:	

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Email Address:

Legal Advisor
Full Name: Company: Address: City: State: Country: Postal Code: Telephone Number: Fax Number: Email Address:
Bank Information * Please attach copy of account statement from bank
Bank Name (where funds are currently on deposit): Street Address: City: State: Country: Postal Code:
Account Name: Account Number: Sort Code ABA No.: SWIFT Code: Account Signatory (1): Account Signatory (2):
Bank Officer # 1 Name: Bank Officer # 2 Name: Telephone Number: Fax Number:

Client Account where Profits to be paid
Bank Name: Street Address: City: State: Country: Postal Code:
Account Name: Account Number: Sort Code ABA No.: SWIFT Code:
Bank Officer Name: Telephone Number: Fax Number:
Investment
Funds available for this transaction:
Type of currency:
Origin of funds:
Are these funds free and clear of all liens, encumbrances and third-party interests:
I, (NAME) , hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: November 27, 2024
Signature:
Name: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:

APPLICANT INITIALS _____ PAGE 7 OF 24

LETTER OF EXCLUSIVITY

DATE: November 27, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), authorized signatory of the Account No (ACCOUNT NUMBER) at (NAME OF THE BANK), located at (ADDRESS OF BANK), the undersigned, (hereinafter referred to as the "INVESTOR"), hereby with full, personal and legal responsibility under penalty of perjury of law, represent, warrant and attest that:

I, the undersigned, have full legal title, rights, interest, control and authority to commit and invest these funds and have chosen to do so of their own free will and sole decision without any solicitation or influence from the trade administrators.

I, the undersigned, principal party involved in this transaction do not have any other party working with or authorized to work with these funds allocated for above-mentioned reference code, nor have any other parties been authorized to invest these funds, nor have other funds from myself or the corporation been placed with other parties for a similar investment. Further I attest that I have sent Cease & Desist Notices to any other intermediaries or trade groups that have had access to our paperwork in the past.

I, the undersigned, herewith grant Program Manager, full exclusive right as our sole agent for 3 Months and 1 Day (Three Months and One Day) and/or the period of the contract whichever is later including any proceeds of the investment if re-invested, from the above date, to enter these funds for me, or the Corporation into the best available investment

I, the undersigned, understand, and I am fully aware that this transaction will be registered with a major world bank and/or the Federal Reserve and the submitted private and confidential paperwork will be forwarded for the sole purpose of establishing necessary dossier due diligence and clearance for this transaction.

I, the undersigned understand and acknowledge that the Program Manger (hereinafter referred to as the "Trade Coordinator") will initially base the placement of this transaction on the face value representations and documentation presented, and that any misrepresentation may be considered criminal bank fraud. I, the undersigned, hereby indemnify the Trade Coordinator against any misrepresentations.

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APPLICANT INITIALS	PAGE 8 OF
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Facsimiles	or elect	ronically	/ trans	mitted	doc	uments	are	deem	ed	legally	binding	as	deliver	ed
originals.														
I, (NAME),	hereby	swear	under	penalty	of	perjury,	tha	t the	info	rmatio	n provid	ded	herein	is

Signature: Name: Passport Number: Date of Issue: Date of Expiry:

Country of Issuance:

accurate and true as of this date: November 27, 2024

CORPORATE RESOLUTION

INVESTOR'S TRANSACTION CODE:

All of the directors of **(COMPANY NAME)** below listed were in attendance, in person or by telephone conference. General discussion was then held concerning the issue, and all aspects of the same, were fully explained in detail to the satisfaction of the board members.

DIRECTOR Name/Title: Passport No.:	
DIRECTOR Name/Title: Passport No.:	
DIRECTOR Name/Title: Passport No.:	
SECRETARY Name/Title Passport No.:	e:

The Board of Directors of (COMPANY NAME) an International Business Company incorporated on (DATE) in (LOCATION) in (COUNTRY), with Registered Offices at (ADDRESS) in a meeting held on this the (Day) Day of (MONTH), (YEAR), adopted the following resolutions.

RESOLUTION 1:

It is resolved that the Board of Directors of (COMPANY NAME) hereby authorize: (NAME) holder of Passport Number (NUMBER) issued on (DATE) as our Managing Member and (TITLE: President, CEO etc.) who has assigned authority, on our behalf, stay and name, to instruct, negotiate, arrange, monitor, execute, manage and sign any and all agreements and/or necessary contracts with third parties pertinent to all financial transactions with bank instruments (securities/derivatives)

RESOLUTION 2:

APPLICANT INITIALS

It is resolved that at this meeting of the Board of Directors that our Managing Member and fact (NAME) acts for (COMPANY NAME) with regards to the aforesaid financial investment.	ir
RESOLUTION 3:	

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It is resolved that **(NAME)** is hereby authorized to act as our Financial Director for aforesaid purpose.

RESOLUTION 4:

It is resolved the Board of Directors of (COMPANY NAME) hereby authorized (NAME) to assume all authority, powers, duties, signatory rights and responsibilities on our behalf.

RESOLUTION 5:

It is resolved that **(NAME)** is hereby authorized to open a (sole signatory) personal, corporate, trading, trust and/or custodial account in any bank, domestic or foreign and to sign such resolutions as may be required by such bank to accomplish the objective(s) as stated herein and to give irrevocable instructions to said bank(s) on our behalf.

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: November 27, 2024

For and on behalf of (NAME OF COMPANY)

APPLICANT INITIALS

Signature:	[SEAL OF COMPANY]
Name / Title:	
Company:	
Passport Number:	
Date of Issue:	
Date of Expiry:	
Country of Issuance:	
Signature:	(Blue 'Wet Ink' Signatures)
Name / Title: SECRETARY	
Company:	
Passport Number:	
Date of Issue:	
Date of Expiry:	
Country of Issuance:	

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INSERT APPLICANT LETTERHEAD IN THIS HEADER SPACE		
CORPORATE REGISTRATIO	ON & CURRENT LETTER OF GOODSTANDING	
APPLICANT INITIALS	PAGE 12 OF 24	

LETTER OF INTENT

DATE: November 27, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), the undersigned, hereby confirm under penalty of perjury, my full commitment and agreement to participate in an investment opportunity, subject to my acceptance of the terms, conditions and procedures that shall be outlined in the Private Placement Program.

Furthermore, I hereby warrant and represent that I have available for placement into the proposed investment, the sum of (SPELL AMOUNT) United States Dollars (\$_____,000,000.00 USD) of clean, clear funds, free of any levy, liens or encumbrances and of non-criminal origin, and herewith attach documentary evidence of same. I hereby warrant and represent that the Rule of Full-disclosure has established these funds were legally obtained from non-criminal business or actions. I further confirm that I am the beneficial owner of these cash funds, that I have full signatory authority and control thereof, and that such funds are available for immediate placement at my sole discretion.

I confirm and acknowledge, with full responsibility, that neither your company nor anyone working on your behalf has solicited me; that the documents that I shall receive shall not be deemed to be a solicitation of funds in connection with an investment program; and, that I am approaching you voluntarily for the purpose of securing participation in a bona fide Secure Private Placement Program.

I am prepared to instruct my bank to act upon the funds as required pursuant to the specifics of this program. In the case of Blocked Funds, it is my understanding the funds will be blocked and or reserved) in the account and they will remain, at all times, non-callable.

I hereby request information from you covering the terms, condition and procedures of a secured investment and look forward to commencing the transaction, upon my acceptance of the agreement.

Email, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request.

APPLICANT INITIALS	PAGE 13 OF 24

iignature:	 		
Name: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:			

APPLICANT INITIALS _____ PAGE 14 OF 24

LETTER OF CEASE & DESIST CONFIRMATION

INVESTOR TRANSACTION CODE: Dear Sir, I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly at Cease and Desist and any/other group previous group approached files I, (NAME), make a clear statement and confirm under risk and penalty.	_
I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly at Cease and Desist and any/other group previous group approached files I, (NAME), make a clear statement and confirm under risk and penalty.	_
Cease and Desist and any/other group previous group approached files I, (NAME), make a clear statement and confirm under risk and pending.	_
other entities, associations, financial institutions, affiliates, intermed my /our permission nor any specific authorization to handle nor documents as from November 27, 2024	diaries, groups or others with
And that; All previous entities, associations, financial institution groups or others have been notified of such by the correspondent communication. This exclusive authority and engagement shall cancelled in writing by me.	official Cease and Desist Letter
I, (NAME), hereby swear under penalty of perjury, that the infaccurate and true as of this date: November 27, 2024	ormation provided herein is
For and on behalf of (NAME OF COMPANY)	
Signature: SEA	L OF COMPANY
Name / Title: Company: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:	

APPLICANT INITIALS _____ PAGE 15 OF 24

SOURCE OF FUNDS AFFIDAVIT PART ONE

DATE: November 27, 2024

TO: Trade Authority / Program Manager RE: Participation in Structured Private Financial Opportunity				
INVESTOR TRANSACTION CODE:				
Dear Sir,				
I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized do solemnly swear/attest the following statements to be true.				
I, (NAME), declare under penalty of perjury and with full personal and legal responsibility under the International Court of Law that I legally hold the sum of (SPELL AMOUNT) United States Dollars (\$,000,000.00 USD) and it is deposited in Account No (ACCOUNT NUMBER) at (NAME OF THE BANK), located at (ADDRESS OF BANK).				
I further declare these funds are current and valid currency lawfully obtained and constitute clean, cleared funds of legitimate, non-criminal, commercial origin. There are no liens, contractual obligations or encumbrances of any kind against these funds.				
I have full and complete, legal ownership of, and the unrestricted right and authority to pledge or otherwise utilize these funds. The funds are ready for transfer or release upon my instruction.				
These funds are authentic and verifiable. I am not aware of any matter which could or might cause the non-validation of these funds and I hereby indemnify the Program Manager and/or assignees, intermediaries, or other parties involved, against any claims, demands, civil and/or criminal in nature, and liabilities, damages, or expenses including without limitation any attorney's fees which may arise, whether in whole or in part, caused by reason of reliance upon this sworn declaration.				
E-mail, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request.				
I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: November 27, 2024				
Signature:				

APPLICANT INITIALS PAGE 16 OF 24

Name:
Passport Number:
Date of Issue:
Date of Expiry:
Country of Issuance:
(THIS DOCUMENT MUST BE NOTARIZED)

NOTARY:

PERSONALIZED SOURCE OF FUNDS AFFIDAVIT PART TWO

In addition to the Statement above, please state in your own words how you obtained the funds that will be utilized for this transaction. Example: If business earnings then what type, how long, etc. If a loan, explain or family inheritance, etc.

APPLICANT INITIALS PAGE 17 OF 24

LETTER OF NON-SOLICITATION & REQUEST

DATE: November 27, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), the undersigned, hereby confirm that I have requested of you and your organization specific confidential information and documentation on behalf of ourselves. I hereby declare that I am fully aware of the information received from you is in direct response to my request and is not in any way considered or intended to be a solicitation of funds of any sort, or any type of offering, and is intended for our general knowledge only. I hereby affirm under penalty of perjury that you have not solicited in any way. I understand that the contemplated transaction is strictly one of private placement and is in no way relying on or related to the United States Securities Act of 1933, as amended or related regulations, and does not involve the sale of securities. That affiant makes this affidavit knowing that the recipients will rely on the contents hereof, and agrees to indemnify and hold-harmless all recipients and all other parties -- including intermediaries -- against any and all claims resulting from any applicant misrepresentation of a material fact or any loss of asset value or any act (legal or not) of a bank or other financial institution, governing authority or agency, the Federal Reserve or an official or other insider of any such entity. Further, I hereby declare we are not licensed brokers or government employees and understand that neither are you or your organization. We mutually agree that this private placement transaction is exempt from the Securities Act, and not intended for the general public, and all materials are for private use only.

Signature:	
Name:	
Passport Number:	
Date of Issue:	
Date of Expiry:	
Country of Issuance:	

AUTHORIZATION TO VERIFY FUNDS

DATE: November 27, 2024

TO: Trade Authority / Program Manager

RE: Authorization to Verify

INVESTOR TRANSACTION CODE:

Know all men, by these that I, (NAME), at the address shown above, give you clear notice that you have my direct permission and full authority to do all matters necessary to confirm, verify, and authenticate my beneficially owned cash funds and/or application asset(s) and its associated good standing account status, in an amount of (SPELL AMOUNT) United States Dollars (\$_____,000,000.00 USD) on a bank to bank basis. The below stated beneficially owned account is of good, clean, and cleared cash funds obtained via legal means, and is currently available at the bank coordinates below:

Cash Amount: (\$_____,000,000.00 USD)
Bank Name: (NAME OF THE BANK),
Bank Address: (ADDRESS OF BANK)
Account Name: (ACCOUNT NAME)
Account Number: (ACCOUNT NUMBER)
Account Signatory: (ACCOUNT SIGNATORY)
Bank Officer & Title: (BANK OFFICER / TITLE)
Bank Officer Telephone & Fax Number:
Bank Officer Bank Email Address:

COPY OF THIS AUTHORIZATION WILL BE LODGED AND PRESENTED TO MY BANK OFFICER.

In witness hereof I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: November 27, 2024

Signat	ure:
Name	:
Passpo	ort Number:
Count	ry of Issuance:
C.C.:	(NAME OF BANK AND BANK OFFICER)

APPLICANT INITIALS PAGE 19 OF 24

LETTER OF CONFIRMATION OF BANK OFFICER

DATE: TO: RE:	E: November 27, 2024 Trade Authority / Program Manager Participation in Structured Private Financial Opportunity				
INVES	TOR TRANSACTION CODE:				
Dear S	iir,				
swear,	/attest with full legal responnal bank officer at (NAME O	Passport No. (NUMBER), duly authorized do solemnly sibility, that the following named person is my actual and F THE BANK), located at (ADDRESS OF BANK), who will be ler for blocking of the following referenced bank account:			
	Name Bank Officer & Title: Bank Officer Telephone: Bank Officer Email: Account Number:	(BANK OFFICER / TITLE) (BANK OFFICER TELEPHONE) (EMAIL) (ACCOUNT NUMBER)			
the fu	•	alty of perjury, that I AM THE SIGNATORY of the account, that provided herein is accurate and true as of this date:			
Signat	ure:				
Date o	: ort Number: of Issue: of Expiry: ry of Issuance:				

PASSPORT
PROVIDE COLOR COPY ENLARGED (140%) TO THIS SIZE (8½ X 11 INCHES). PICTURE MUST BE CLEAR AND NOT DARK. ENLARGE & LIGHTEN (USING PHOTO SETTING). COLOR SCAN THE PASSPORT INTO YOUR COMPUTER AT A HIGH RESOLUTION IN THE JPEG FORMAT AND INSERT.

APPLICANT INITIALS _____ PAGE 21 OF 24

PROOF OF FUNDS & INSTRUMENT INSTRUCTIONS

KINDLY INCLUDE UN-SANITIZED CURRENT BANK STATEMENT OR CURRENT BLACK SCREEN STATEMENT WITH YOUR SUBMISSION.

IF SUBMITTING A 'FINANCIAL INSTRUMENT' PLEASE ATTACH A HIGH-QUALITY 'PDF' COLOR SCAN OF THE 'ORIGINAL' DOCUMENT -- FRONT & BACK.

APPLICANT INITIALS _____ PAGE 22 OF 24

PROOF OF LIFE

PROOF OF LIFE PHOTO HOLDING PASSPORT TO FACE AND CURRENT NEWSPAPER WITH DATE CIRCLED. PHOTO MUST BE CLEAR AND VISIBLE.

SPECIAL POL INSTRUCTIONS FOR SKR.

POLIS NEEDED FOR EACH SKR

The POL (PROOF OF LIFE) confirms that the package is current and that it is actually completed by the Bond Owner.

The person holding the SKR must be the same person as the passport and signatures in the KYC.

The POL must be created with a newspaper dated the same date as the KYC.



IMPORTANT DETAILS

- Use "Major Newspaper" that is "On Line."
 Name of newspaper, the top headlines and the date of newspaper must be clearly showing.
- Arrange the SKR and PASSPORT on top of and flat against the newspaper, using clips, if necessary
- Owner's Passport fully open to the page of the Photo and identification information.

TAKE A PERFECT PHOTO WHICH WILL BE ACCEPTED

Photo should show owner's face to top of head.

If glasses are not worn in passport photo, do not wear glasses in photograph.

Hold the arranged documents in front of you, with newspaper flat.

Photograph directly, not from an angle. Make sure that any flash does not wash out the details.

Fill the photo area as completely with owner's head and documents.

Vertical photo usually works best, but use your own judgment depending on specific situation.

Photograph in high resolution.... 10 megapixels minimum.

MOST IMPORTANT: The SKR, Passport, and Newspaper Date must be in focus.

PLEASE CHECK THIS CAREFULLY. (The face can be slightly out of focus.)

Δ	DDI	ICANT	INITIALS	
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INSERT APPLICANT LETTERHEAD IN THIS HEADER SPACE	
COPY OF BANK OFFICER(S) NAME CARD(S)	
APPLICANT INITIALS	PAGE 24 OF 24