EDUARDO B. AGUILAR
& ASSOCIATES
Attorney-at-Law/ Notary Public
T: +501 206-2414/
Whatsapp: +501 610-2262
E: eaguilar@lawfirmbelize.com
www.lawfirmbelize.com

BUSINESS NAME - CLIENT INFORMATION FORM

- The services that we provide are under a licensed industry regulated by the Financial Intelligence Unit of Belize tasked with ensuring business comply with Belize's Anti Money Laundering Regulations. We are therefore mandated by law to comply with the **"KNOW YOUR CUSTOMER."** Legal requirements. Those requirements include obtaining information from all parties.

Your kind cooperation the following will be greatly appreciated.

A. PERSONAL INFORMATION

NAME: ____

FIRST *MIDDLE* *SURNAME*

____

Maiden Name *Nickname/ I am also known as*

Nationality: ______________________

Current Address: Apt/House Number: ____________ Street: ______________

City: ______________ State /Province: ______________

Country: ______________ Zip/Postal Code: ______________

Contact Details: Mobile No: ______________ Email: ______________

Secondary Contact: If you are unable to be reached on your Mobile and/or Email, who can we contact?

Contact Person: ______________ Number: ______________

Email Address: ______________

B. REGISTRATION OF BUSINESS NAME

(I) **NAME OF BUSINESS:**______________________________

(II) **MAIN OBJECTIVE:** ______________________________

(III) **ADDRESS OF BUSINESS:**

Apt/House Number: ______________ Street: ______________

City: ______________________District: ______________

(IV) **PHYSICAL ADDRESS WHERE THE ACCOUNTING RECORDS WILL BE KEPT** *(if different from above)*:

Apt/House Number: ____________________________ Street: __________________________________

City: ____

District: ____

(V) **PERSON RESPONSIBLE TO MAINTAIIN THE ACCOUNTING RECORDS:**
Name: ____

Contact #: ____

Email address: _____________________________________

D. OWNER INFORMATION.

Name of Owner: ____

Address: ____

Email: ____

Name of Owner: ____

Address: ____

Email: ____

E. SUPPORTING DOCUMENTS: FOR YOURSELF AND FROM ANYONE ELSE BEING A PARTY TO THIS TRANSACTION

(I) A Valid ID - a clear, color copy of **GOVERNMENT ISSUED ID**, with photo identification & Signature. E.g. Passport/Driver's License Copy (Nothing is to be displayed in the background of the copy provided)
(II) Proof of Address - recent utility statement clearly display your name & address as stated herein.

F. INDEMNIFICATION
I/We hereby declare:

- That I and all the parties to this transaction are not involved, to the best of my knowledge, in any illegal or illicit activities. I assure **Eduardo B. Aguilar & Associates** that the funds provided is all from a legitimate source and confirm that the services I am requesting are all for legitimate purposes.
- ***That I/we declare and confirm that I/we WILL NOT USE the said Business for money laundering, terrorist activities, or any other illegal activities, or in a manner likely to damage the good name of Eduardo B Aguilar & Associates or the jurisdiction of registration.***
- That the information provided herein is not intended to defraud, harm, or cause any party to this transaction to become unknowingly involved/participatory in any form of illegal or Corrupt

conduct/function. I Agree to hold harmless and indemnify **Eduardo B. Aguilar & Associates** and all its affiliates, representatives, and industry Partners against any claims, losses, liabilities, or settlements, arising out of any reliance upon any statement or information which may hereafter prove to be untrue, materially inaccurate, or that was knowingly withheld.

I have read and understand the above-mentioned and agree to be provided any further information that may be needed.

I am in agreement with engaging the services of Eduardo B. Aguilar & Associates.

Signature of Owner(s):

(1)__________________________________

(2) __________________________________

Dated this _____ day of _________________ 20 __________