**Client Information Sheet**

The data requested here forms part of the KYC (know your client) requirements in the US. Please complete these forms, sign, scan and return the forms – along with the information requested – to

**KARNER CAPITAL GROUP INC**

**425 NEW KARNER ROAD**

**ALBANY, NEW YORK 12205**

**518 650 6794**

**SKYPE ID CONSULTSBDC**

Email address – karnercapital1@outlook.com

**Section One**

1. **Personal details: To be completed in full.**

|  |  |  |  |
| --- | --- | --- | --- |
| Title (Mr/Mrs/Miss/Ms) |  | Surname |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name (s) |  | Date of birth (DDMMYYY) |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Former Name (Full) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Place of Birth |  | Nationality |  |

|  |  |
| --- | --- |
| Occupation |  |

|  |  |
| --- | --- |
| Address |  |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | Postcode |  |

|  |  |
| --- | --- |
| How long have you lived at your current address (years)? |  |

|  |
| --- |
| Previous address (if less than three years at your current address) |

|  |  |
| --- | --- |
| Address | N/A |

|  |
| --- |
|  |

|  |  |  |
| --- | --- | --- |
|  | Postcode |  |

|  |  |
| --- | --- |
| How long did you live at your previous address (years)? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| National Insurance Number |  | Passport Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Telephone Number |  | Cell Phone Number |  |

|  |  |
| --- | --- |
| Email Address |  |

1. **Company Information (if relevant)**

|  |  |
| --- | --- |
| Company Name |  |

|  |  |
| --- | --- |
| Registered address |  |

|  |  |  |
| --- | --- | --- |
|  | Postcode |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Number | RC NO | Country of registration | NIGERIA |

|  |  |  |  |
| --- | --- | --- | --- |
| Year registered |  | Your position | MANAGING DIRECTOR/CEO |

|  |
| --- |
| Beneficial Owners: Please state names of shareholders who own greater than 20% of the company. |

|  |  |
| --- | --- |
| Shareholder 1 |  |
| Shareholder 2 |  |
| Shareholder 3 |  |
| Shareholder 4 |  |
| Shareholder 5 |  |

|  |
| --- |
| If beneficial owners account for less than 20% each, please provide a list of the beneficial owners on a separate page. |

1. **Background**

Have you or any of your senior officers ever been convicted of any criminal offence involving fraud, theft, false accounting, serious tax offences or other serious criminal or civil offence?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES |  | NO |  |

Are you the subject of any ongoing criminal prosecution or criminal proceedings in any jurisdiction?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | YES |  | NO |  |

If the answer to either of the above questions is Yes, please give full details below:

|  |
| --- |
|  |

1. **Financial Transaction:**

Please describe the financial transaction you wish to conduct including details of funding requirements, use and location of instruments (if applicable) and intended use of proceeds:

1. **DECLARATION**

**I UNDERSTAND THAT**

1. **ALL LOANS AND OR IMPORT OR EXPORT FINANCING TRANSACTIONS ARE GRANTED OR PREDICATED UPON THE ABILITY OF THE CLIENT TO PROVIDE ADEQUATE COLLATERAL AS SPECIFIED BY THE LENDER OR FINANCIER. WE DO NOT HAVE LOANS OR INVESTORS WHO PROVIDE LOANS WITHOUT SECURITY OR COLLATERALS.**
2. **EACH LENDER DETERMINES THE TYPE OF COLLATERAL REQUIREMENT ON A CASE BY CASE BASIS AFTER A THOROUGH REVIEW OF THE PROJECTOR IMPORT FIANCE DOCUMENTS SUBMITTED BY THE CLIENT.**
3. **FULL PRE FUNDING DOCUMENTATION MUST BE PROVIDED TO THE LENDER BEFOR A INANCIAL FORECASTS, CORPORATE FUNDINN OFFER IS MADE TO THE CLIENT.**
4. **DOCUMENTS THAT ARE USUALLY REQUIRED MAY INCLUDE, BUT ARE NOT LIMITED TO BUSINESS PLANS, CORPORATE PROFILE ON THE BORROWING COMPANY**..**AND FINANCIAL FORECAST ON THE PROJECT** .

|  |
| --- |
|  |

**Section Two**

**Documentation**

It is necessary to verify your identity and the identity of the provider of the funds mentioned above.

**Please provide:**

* **Copy of passport attaching an enlarged copy to this documentation**
* **Verification of address (ELECTRIC OR TELEPHONE BILLS)**
* **Memorandum & Articles of Association (Corporate application)**
* **Certificate of Incorporation (Corporate application)**
* **Latest Report and Accounts (Corporate application)**
* **YOUR ATTORNEYS FULL NAME ADDRESS, AND TELEPHONE AND SOCIAL MEDIA CONTACTS**

**Verification of address:**

**Please supply two documents from the list below (to be no more than 3 months old):**

* **A bank/credit card statement or utility bill.**
* **Correspondence from an independent source such as a central or local government department or agency.**
* **Written confirmation or introduction from a financial services business, regulated in the USA with whom you have an existing business relationship and which confirms the residential address.**
* **TRADE REFERENCES ETC**

**Declaration**

I hereby swear under penalty of perjury, that the information provided herein is accurate and true to the best of my knowledge as of the date below:

|  |  |
| --- | --- |
| Name |  |

|  |  |
| --- | --- |
| Signature |  |
|  |  |

|  |  |
| --- | --- |
| Date |  |

Please print and sign this form, include all required additional information, then scan and return to ...............................................

**Additional Information**

**Borrowers Receiving Bank Information**

It is common when borrowing financial instruments, to utilise the services of a third party other than your own bank receive an instrument. If this is the case, please provide the receiving bank information which WILL RECEIVE THE FUNDS

**Please note that on receipt and confirmation of the BG, POD of Diamond Ltd will disburse to the Beneficiary below:**

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Address |  |
| Bank Phone Number |  |
| SWIFT Code |  |
| IBAN # and Routing Code |  |
| Account Name |  |
| Account Number |  |
| E-Mail Address |  |
| IBAN # and Routing Code |  |
| Bank Officer |  |
| Account Name |  |
| Account Number |  |
| E-Mail Address |  |

**Please attach:**

**Passport Page showing pictures**

**Utility bill office or residential**