Proof of Funds Account Application

Completion of ALL sections is required to process this Application. When completed, this Application will become part of your Customer Agreement.

Name needed on the POF Account	
Registered Address	
Time Period that this Account will be needed	
Amount of Money Needed in this Account	
Type of Account Confirmation Required	□VOD □Escrow Funds □Certificate of Safekeeping □ Open Line of Credit
Contact Person/Applicant	
Telephone Number	
Cell Phone Number	
Fax Number	
E-mail Address	
Principal Structure of Business	☐ Corporation ☐ LLC ☐ Partnership ☐ Individual
	COMPLETE FOR CORPORATION or LLC
	COMPLETE ON COM CHILION WI DEC
Place of Incorporation/Organization	
Incorporation/Organization	
Incorporation/Organization Date of Formation Company's Employer	
Incorporation/Organization Date of Formation Company's Employer	

USE OF ACCOUNT

Please provide a brief descrip	otion of the purpose for which the POF account	unt will be used:
	AUTHORIZED PERSONS	
The following persons are au	thorized to execute documents on our behalf	f:
Name and Title	Signature	
Name and Title	Signature	
	ACCURACY OF INFORMATI	ON
	at the information provided is true and accura	
Name of Authorized Sign	atory Signature	
Title		
	\neg	
Date		

ADDITIONAL DOCUMENTATION REQUIRED

Please attach with this Application the following:

- Certificate of Incorporation/Articles of Organization and applicable Corporate Resolution (for companies).
- Two (2) forms of identification One being a color copy of each signatory's Passport or Driver's License, and the 2nd being a document to confirm their name and address (e.g. bank statement, utility bill, etc.).
- Bank statement/letter showing the ability to fund the Escrow Trust Account with the Arrangement Fee.

COMPLIANCE

All information is required for compliance with Intl. Money Laundering Regulations and the US Patriot Act.

All information will be treated with the strictest confidence.