



EXCELLENT FACETS

IDENTIFICATION AND VERIFICATION FORM (AML / KYC)

Excellent Facets SA

Type of the Organization

Registration Name

Trading Name (if different from
registered name)

Registered Address

Postal Code

Country

Business Address

Postal Code

Country

Phone Number

Fax Number

Email Address

Website

UID / CHE Number

VAT Number

Year of Incorporation

Name of Owner / Principal Officer

Passport #

Date of Issue

Country of Issue

Date of Expiry

Please attach a copy of the passport.

BANK REFERENCE

Bank Name and Address

Address

Phone Number

Contact



EXCELLENT FACETS

Are you compliant with anti-money laundering obligations under the Swiss Anti-Money Laundering Act (AMLA)?
(Yes / No)

Authorized Signatory

Print Name

Date
