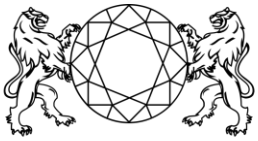

EXCELLENT FACETS

PATRIOT ACT IDENTIFICATION AND VERIFICATION FORM

Excellent Facets Inc.

Type of the Organization

Registration Name

Trading Name (if different from registered name)

Registered Address

State

Zip Code

Business Address

State

Zip Code

Phone Number

Fax Number

Email Address

Website

Federal Tax Id

Social Security No.

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 rules under the USA PATRIOT Act? (Yes / No)

Authorized Signatory _____

Print Name _____

Date _____

Excellent Facets Inc. 580 Fifth Avenue, Suite 1129, New York, NY 10036, USA
Phone: +1 212 354 5554 Email: info@excellentfacets.com Website: www.excellentfacets.com