EXCELLENT FACETS

IDENTIFICATION AND VERIFICATION FORM (AML / KYC)

Excellent Facets SAS

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 _____

SIREN / SIRET _____

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 applicable EU and French AML regulations? (Yes / No)

Authorized Signatory _____

Print Name _____

Date _____

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