



**Sèvis Finansye
Fonkoze**

SÈVIS FINANSYE FONKOZE, S.A.
119, Ave Christophe, Port-au-Prince, Haïti
From USA or Canada: 1-800-293-0308
Other International: +509-2816-2050
Email: fundnotice@fonkoze.org

REQUIRED KNOW YOUR CUSTOMER (“KYC”) DOCUMENTATION FOR TRANSFERRING FUNDS FROM ABROAD

*PLEASE READ: To help governments fight the funding of terrorism and money laundering activities, financial institutions are required to obtain, verify, and record information that identifies each person who establishes an account, investment or other business relationship with a financial institution. This means that we are obliged to ask for your name, address, and other information that will allow us to identify you. **We are also required to see a passport or other photo identification.** Furthermore, enhanced anti-money laundering requirements require that **should any of the above personal information change, our clients would be obliged to immediately notify us of the change(s)** and provide us with relevant documentation to verify these changes. We appreciate your cooperation. Thank you.*

SECTION A: ORGANIZATIONAL INFORMATION

This section must be completed on behalf of the organization from which the funds will be transferred. This includes private companies, church organizations, foundations, charities and other non-profits.

Organization name		Office address	
Office phone number		Zip code/Post code	
Registration number (company or charity number)		State	
(Federal) Employer identification number		Sector/type of activity (e.g. for profit business, church, other non-profit)	

Organization's Banking Information

(This should be the bank information from which the funds will be sent.)

Account Name		Bank address	
Bank Account Number		Zip code	
Bank Name		State	

CLIENT DOCUMENTATION

Scanned copies of certain legal documents should be attached to this application form.

(please tick to confirm attached)

Legal formation documents (e.g. charter, memorandum & articles of association)	<input type="checkbox"/>	Proof of address this could be a copy of a utility bill or bank statement from the last 3 months or be a copy of your financial results	<input type="checkbox"/>
Formal document providing proof of company's owners. This could be a board resolution or share registry document. For a non-profit organization this is not necessary	<input type="checkbox"/>	Proof of government issued registration number. Additional proof not required if address stated in formation document	<input type="checkbox"/>
Scanned copies of the passport photo page or other official documentation of all of the organizations Directors, Board members or equivalent			

SECTION B: SIGNATORY INFORMATION

This information needs to be completed for all individuals who will be authorized for sending the money on behalf of the organization identified in Section A above.

FIRST SIGNATORY (COMPULSORY)

First name(s)		Family name(s)	
Email address		Home address	
ID Number (e.g. Passport number, Driver's License etc.)		Zip code/Post code	
ID Type (please define the type of ID used above)		State	
Title		Signature	

SECOND SIGNATORY (OPTIONAL)

First name(s)		Family name(s)	
Email address		Home address	
ID Number (e.g. Passport number, Driver's License etc.)		Zip code/Post code	
ID Type (please define the type of ID used above)		State	
Title		Signature	

CLIENT DOCUMENTATION

Scanned copies of certain legal documents should be attached to this application form for both signatories.

(please tick to confirm that this is attached)

Scanned copy of Photo Identification. This should be the same as used above (please tick to confirm that this is attached)

Scanned copy of proof of address. This should be a copy of a utility bill or bank statement from the last 3 months

SECTION C: OTHER AUTHORIZED PERSONS

This information needs to be completed for all individuals other than the ones mentioned above who will be authorized for sending the money on behalf of the organization identified above.

If other authorized individuals will be providing instructions for funds transferred on behalf of the organization, please provide the information requested below .

Name	Title	Email address	Phone number