

CLIENT DECLARATION FORM

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Sender's Signature and Date

Transaction Details					
1	MTN Number:	Amount to send:	Amount received:	Aggregate volume (current month):	
Sender Details					
	First Names:	Last Names:			
	ID Number:	ID Type:	Expire Date:	Issued by:	
2	Date of birth:	Country birth: N		ationality:	
	Address:	City:		Country:	
	Landline 1:	Landline 2:		Mobile phone:	
Sender's Occupation / Origin of Funds					
	Occupation:	Average monthly income: Average extra income:		rage extra income:	
	Employer: (*only for high risk transactions)				
	Employer's addres: (*only for high risk transactions)	Employer's phone: (*only for high risk transactions)			
	*High risk transactions are: a) transactions with amount equal or greater than £3,000.00; b) transactions made to the sanctioned countries; c) Transactions made by PEP's or corporate senders (including charities and entities).				
3	IS THE SENDER THE ONLY BENEFICIAL OWNER OF THE ASSETS? () YES () NO				
	If answered NO to the previous question please identify the beneficial owners (attach proof of ID)				
	Beneficial owner:	Nationaly:			
	Occupation:	Average monthly income: Average extra income:			
	Employer:				
	Employer's addres: Employer's phone:				
	If funds are not derived from employment, indicate ORIGIN OF FUNDS.				
Beneficiary					
4	Beneficiary's name:				
	Purpose:	Relationship:	Payout	Payout country:	
Sender's Signature					
		By signing this document I declare that the information given is true			
5	by signing this document ruet				