



INSIGNIA

SOURCE OF WEALTH DECLARATION FORM

*Marked fields are mandatory

Insignia Cards Limited ('the Company') is required by law to verify the source of wealth of its applicants. The purpose of this Questionnaire is to help Insignia Cards Limited understand and establish the origin of your total assets.

This Questionnaire has to be completed to your best knowledge and the information provided here will form part of the agreement. All terms and conditions apply.

Insignia Cards Limited may ask for documentary evidence to support the information you provide in this Questionnaire.



CLIENT OR ULTIMATE BENEFICIAL OWNER (UBO) INFORMATION

Title*

First Name*

Middle Name

Surname*

ESTIMATED NET WORTH EARNINGS*

(Please indicate currency for all)

Annual Income Amount

Annual Business Profit (if applicable)

Other Income Amount please specify (eg. investments, company proceeds, rental income etc).

Investment Income Amount please specify (eg. investments, company proceeds, rental income etc).

OTHER PROPERTY/ES AND ASSETS*

(Please indicate currency for all)

Fixed Asset Amount (movable)

Fixed Asset Amount (not movable)

Saving Deposits (if applicable)

SOURCE OF WEALTH*

(Please select all appropriate boxes from which you derived your estimated net worth)

- Employment income (Salary)
- Savings/Deposits
- Inheritance
- Sale of Property/Business
- Business Owner
- Family Wealth
- Guarantor

Other please specify:

Please provide further details on the source of wealth information indicated above including the jurisdictions in which it was generated.
(Please include as many details as possible such as Company Information/ Business Activity/ Percentage Shares Held/ Jurisdiction)

DECLARATION

I declare that the information provided in this Questionnaire is true, correct and complete to the best of my knowledge. I undertake to provide Insignia Cards Limited with any further information or documentary evidence it may require in respect of the information I have provided.

Signature*

Date*

DECLARATION BY INDEPENDENT PERSON WITH LEGAL / ACCOUNTANT CAPACITY (If required)

I declare that to the best of my knowledge and belief all the statements are a true, complete and not misleading reflection of my client's source of wealth. For Insignia Cards Limited to comply with its legal and regulatory obligations, I confirm that there is no other matter which the Company ought to take into consideration in order to make an assessment of the clients source of wealth.

Contact Details (Email or telephone)

First Name*

Surname*

Signature*

Date*