KYCDOCUMENTATION ENCLOSED

*** INDIVIDUAL ENTRY ***

DATE: December 5, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

- AFFIDAVIT REQUESTING INFORMATION
- CLIENT INFORMATION SHEET
- LETTER OF EXCLUSIVITY
- LETTER OF INTENT
- LETTER OF CEASE & DESIST CONFIRMATION
- SOURCE OF FUNDS AFFIDAVIT
- LETTER OF NON-SOLICITATION & REQUEST
- AUTHORIZATION TO VERIFY FUNDS
- CONFIRMATION OF BANK OFFICER
- PASSPORT(S)
- PROOF OF FUNDS
- ADDITIONAL DOCUMENTATION

ATTACHMENTS (IF NEEDED)

■ LETTER OF LIAISON AND COMMUNICATIONS AUTHORITY

E-mail, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request

APPLICANT INITIAL	S
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AFFIDAVIT REQUESTING INFORMATION

DATE: December 5, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

- I, (NAME), the undersigned, on my own behalf, do hereby affirm that I have requested specific information about Private Placement Opportunities and or the Participation in Investment Programs. The confidential information presented, received, and learned is not for the solicitation of funds, nor is it an offering of any kind, but is for my general knowledge. I confirm that I have requested the information of my own free will and choice, and further confirm that no party has solicited me in any way. I hereby agree to keep all information received from you strictly confidential, private, and proprietary, and that I will not disclose it to any other third party.
- I, (NAME), further affirm that any funds or assets I decide to place are done so at my own specific initiative, risk, and authorization with full consideration and without duress. I further affirm that the information received is intended solely for my PRIVATE & CONFIDENTIAL USE ONLY. I am a sophisticated investor by all definitions of that classification known to me; I make my own investment decisions, and have legally acquired assets available. I, hereby reaffirm, under penalty of perjury that I have requested information from you and your organization and that you have not solicited me in any manner.
- I, (NAME), understand that the contemplated transaction is strictly one of Private Placement and is in no way relying upon existing regulations in relation to the United States Securities Act of 1933 as amended, or related regulations, and does not involve the buy and sell of securities. I further declare that I am not a licensed securities broker or government employee and understand that neither are you or your organization. I mutually agree that this Private Placement Transaction is exempt from the securities act.
- I, **(NAME)**, understand and agree that the ICC NON-DISCLOSURE and NON-CIRCUMVENTION rules apply to this affidavit and business relationship, and hereby agree to the current application standards of the International Chamber of Commerce, Paris, France which rules are made a part hereof by this reference.

APPLICANT INITIALS	PAGE 2 OF 2	.]
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- I, (NAME), under penalty of perjury, with full individual responsibility, hereby irrevocably, confirm that neither myself, nor anyone else associated with my organization, my corporation, or the individual investor are working for any Agencies of any Government. I further state under penalty of perjury that I am not involved in any Government entrapment operation.
- I, (NAME), under penalty of perjury, with full individual responsibility, hereby irrevocably, confirm that neither myself, nor anyone else associated with my organization or corporation have been convicted of a felony, either within the United States or anywhere in the world where that crime would be considered equal to a US felony. To the best of my knowledge I am not nor are any of my associates considered to be terrorists or on any watch list with the United States Department of Homeland Security.
- I, (NAME), agree that all email and facsimile transmitted documents shall be treated as original documents. I further agree that in all cases where plural might apply where singular tense is used it is so applied.
- I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: December 5, 2024

For and on behalf of (NAME OF INDIVIDUAL)

Signature:	
Name:	
Passport Number:	
Date of Issue:	
Date of Expiry:	
Country of Issuance:	

CLIENT INFORMATION SHEET

Directions: This document must be completed in full. If a line item does not pertain then insert the term: "N/A" (non-applicable).

Personal Information
First Name: Middle Name: Last Name: Gender: Date of Birth: Social Security Number: Country of Citizenship:
Passport Number: Date of Issue: Date of Expiry: Issuing Authority:
Home Street Address: City: State: Country: Postal Code:
Telephone Number: Fax Number: Mobile Number: Email Address:
Languages / Translator
Languages: Do you speak English?: If No, Name of Translator: Tel Number:

Email Address:

Street Address:
City:
State:
Country:
Postal Code:
Telephone Number:
Fax Number:
Mobile Number:
Email Address:
Legal Advisor
Full Name:
Company:
Address:
City:
State:
Country:
Postal Code:
Telephone Number: Fax Number:
Email Address:
Email Address.
Bank Information
* Please attach copy of account statement from bank
Bank Name (where funds are currently on deposit):
Street Address:
City:
State:
Country:
Postal Code:
Account Name:
Account Number:
Sort Code ABA No.:
SWIFT Code:

APPLICANT INITIALS _____

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Corporate Information

Full Name of Corporation:

Account Signatory (1):	
Account Signatory (2):	
Bank Officer # 1 Name:	
Bank Officer # 1 Name: Bank Officer # 2 Name:	
Telephone Number:	
Fax Number:	
Client Account where Profits to be paid	
Bank Name:	
Street Address:	
City:	
State:	
Country:	
Postal Code:	
Account Name:	
Account Number:	
Sort Code ABA No.:	
SWIFT Code:	
David Officer Name	
Bank Officer Name:	
Telephone Number: Fax Number:	
rax Number.	
Investment	
Funds available for this transaction:	
Type of currency:	
7,60 0. 00010,	
Origin of funds:	
Are these funds free and clear of all liens, encur	nbrances and third party interests:

APPLICANT INITIALS _____ PAGE 6 OF 21

I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: December 5, 2024
For and on behalf of (NAME OF INDIVIDUAL)
Signature:
Name:
Passport Number: Date of Issue:
Date of Expiry:
Country of Issuance:

LETTER OF EXCLUSIVITY

DATE: December 5, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

- I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), authorized signatory of the Account No (ACCOUNT NUMBER) at (NAME OF THE BANK), located at (ADDRESS OF BANK), the undersigned, (hereinafter referred to as the "INVESTOR"), hereby with full, personal and legal responsibility under penalty of perjury of law, represent, warrant and attest that:
- I, the undersigned, have full legal title, rights, interest, control and authority to commit and invest these funds and have chosen to do so of their own free will and sole decision without any solicitation or influence from the trade administrators.
- I, the undersigned, principal party involved in this transaction do not have any other party working with or authorized to work with these funds allocated for above-mentioned reference code, nor have any other parties been authorized to invest these funds, nor have other funds from myself or the corporation been placed with other parties for a similar investment. Further I attest that I have sent Cease & Desist Notices to any other intermediaries or trade groups that have had access to our paperwork in the past.
- I, the undersigned, herewith grant Program Manager, full exclusive right as our sole agent for 3 Months and 1 Day (Three Months and One Day) and/or the period of the contract whichever is later including any proceeds of the investment if re-invested, from the above date, to enter these funds for me, or the Corporation into the best available investment
- I, the undersigned, understand, and I am fully aware that this transaction will be registered with a major world bank and/or the Federal Reserve and the submitted private and confidential paperwork will be forwarded for the sole purpose of establishing necessary dossier due diligence and clearance for this transaction.
- I, the undersigned understand and acknowledge that the Program Manger (hereinafter referred to as the "Trade Coordinator") will initially base the placement of this transaction on the face value representations and documentation presented, and that any misrepresentation

APPLICANT INITIALS	PAGE 8	3 OF	21
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may be considered criminal bank fraud. I, the undersigned hereby indemnify the Trade Coordinator against any misrepresentations.

Facsimiles or electronically transmitted documents are deemed as legally binding as delivered originals.

I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: December 5, 2024

For and on behalf of (NAME OF INDIVIDUAL)

Signature:	
Name:	
Passport Number:	
Date of Issue:	
Date of Expiry:	
Country of Issuance:	:

LETTER OF INTENT

DATE: December 5, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), the undersigned, hereby confirm under penalty of perjury, my full commitment and agreement to participate in an investment opportunity, subject to my acceptance of the terms, conditions and procedures that shall be outlined in the Private Placement Program.

Furthermore, I hereby warrant and represent that I have available for placement into the proposed investment, the sum of (SPELL AMOUNT) United States Dollars (\$_____,000,000.00 USD) of clean, clear funds, free of any levy, liens or encumbrances and of non-criminal origin, and herewith attach documentary evidence of same. I hereby warrant and represent that the Rule of Full-disclosure has established these funds were legally obtained from non-criminal business or actions. I further confirm that I am the beneficial owner of these cash funds, that I have full signatory authority and control thereof, and that such funds are available for immediate placement at my sole discretion.

I confirm and acknowledge, with full responsibility, that neither your company nor anyone working on your behalf has solicited me; that the documents that I shall receive shall not be deemed to be a solicitation of funds in connection with an investment program; and, that I am approaching you voluntarily for the purpose of securing participation in a bona fide Secure Private Placement Program.

I am prepared to instruct my bank to act upon the funds as required pursuant to the specifics of this program. In the case of Blocked Funds, it is my understanding the funds will be blocked and or reserved) in the account and they will remain, at all times, non-callable.

I hereby request information from you covering the terms, condition and procedures of a secured investment and look forward to commencing the transaction, upon my acceptance of the agreement.

Email, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request.

APPLICANT INITIALS PAGE 10 OF 2

I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: December $5,2024$
For and on behalf of (NAME OF INDIVIDUAL)
Signature:
Name:
Passport Number:
Date of Issue:
Date of Expiry:
Country of Issuance:

LETTER OF CEASE & DESIST CONFIRMATION

DATE: December 5, 2024 TO: Trade Authority / Program Manager RE: Participation in Structured Private Financial Opportunity **INVESTOR TRANSACTION CODE:** Dear Sir, I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized give notice to have Cease and Desist and any/other group previous group approached in the past regarding our/my files I, (NAME), make a clear statement and confirm under risk and penalty of perjury not to have any other entities, associations, financial institutions, affiliates, intermediaries, groups or others with my /our permission nor any specific authorization to handle nor process any one of my /our documents as from December 5, 2024 And that; All previous entities, associations, financial institutions, affiliates, intermediaries, groups or others have been notified of such by the correspondent official Cease and Desist Letter communication. This exclusive authority and engagement shall continue fully effective until cancelled in writing by me. I, (NAME), hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: December 5, 2024 For and on behalf of (NAME OF INDIVIDUAL) **SEAL OF COMPANY** Signature: Name / Title: Company: Passport Number: Date of Issue:

APPLICANT INITIALS PAGE 12 OF 21

Date of Expiry:

Country of Issuance:

SOURCE OF FUNDS AFFIDAVIT

DATE: December 5, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized do solemnly swear/attest the following statements to be true.

I, (NAME), declare under penalty of perjury and with full personal and legal responsibility under the International Court of Law that I legally hold the sum of (SPELL AMOUNT) United States Dollars (\$_____,000,000.00 USD) and it is deposited in Account No (ACCOUNT NUMBER) at (NAME OF THE BANK), located at (ADDRESS OF BANK).

I further declare these funds are current and valid currency lawfully obtained and constitute clean, cleared funds of legitimate, non-criminal, commercial origin. There are no liens, contractual obligations or encumbrances of any kind against these funds.

I have full and complete, legal ownership of, and the unrestricted right and authority to pledge or otherwise utilize these funds. The funds are ready for transfer or release upon my instruction.

These funds are authentic and verifiable. I am not aware of any matter which could or might cause the non-validation of these funds and I hereby indemnify the Program Manager and/or assignees, intermediaries, or other parties involved, against any claims, demands, civil and/or criminal in nature, and liabilities, damages, or expenses including without limitation any attorney's fees which may arise, whether in whole or in part, caused by reason of reliance upon this sworn declaration.

E-mail, facsimile copies or photocopies of documents or agreements pertaining to this subject are declared and regarded as valid and equal to the original, provided they are represented by proper signatories. Originals may be obtained upon request.

I, **(NAME)**, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: December 5, 2024

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For and on behalf of (NAME OF INDIVIDUAL)
Signature:
Name: Passport Number: Date of Issue: Date of Expiry: Country of Issuance:
(THIS DOCUMENT MUST BE NOTARIZED)
NOTARY:

APPLICANT INITIALS PAGE 14 OF 21

LETTER OF NON-SOLICITATION & REQUEST

DATE: December 5, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

INVESTOR TRANSACTION CODE:

Dear Sir,

I, (NAME), the undersigned, hereby confirm that I have requested of you and your organization specific confidential information and documentation on behalf of ourselves. I hereby declare that I am fully aware of the information received from you is in direct response to my request, and is not in any way considered or intended to be a solicitation of funds of any sort, or any type of offering, and is intended for our general knowledge only. I hereby affirm under penalty of perjury that you have not solicited in any way. I understand that the contemplated transaction is strictly one of private placement, and is in no way relying on or related to the United States Securities Act of 1933, as amended or related regulations, and does not involve the sale of securities. That affiant makes this affidavit knowing that the recipients will rely on the contents hereof, and agrees to indemnify and hold-harmless all recipients and all other parties -- including intermediaries -- against any and all claims resulting from any applicant misrepresentation of a material fact or any loss of asset value or any act (legal or not) of a bank or other financial institution, governing authority or agency, the Federal Reserve or an official or other insider of any such entity. Further, I hereby declare we are not licensed brokers or government employees, and understand that neither are you or your organization. We mutually agree that this private placement transaction is exempt from the Securities Act, and not intended for the general public, and all materials are for private use only.

For and on behalf of (NAME OF INDIVIDUAL)

Signature:	
Name:	
Passport Number:	
Date of Issue:	
Date of Expiry:	
Country of Issuance:	

APPLICANT INITIALS

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AUTHORIZATION TO VERIFY FUNDS

APPLICANT INITIALS PAGE 16 OF 21
C.C.: (NAME OF BANK AND BANK OFFICER)
Name: Passport Number: Country of Issuance:
Signature:
For and on behalf of (NAME OF INDIVIDUAL)
In witness hereof I, (NAME) , hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date: December 5, 2024
COPY OF THIS AUTHORIZATION WILL BE LODGED AND PRESENTED TO MY BANK OFFICER.
Cash Amount: (\$,000,000.00 USD) Bank Name: (NAME OF THE BANK), Bank Address: (ADDRESS OF BANK) Account Name: (ACCOUNT NAME) Account Number: (ACCOUNT NUMBER) Account Signatory: (ACCOUNT SIGNATORY) Bank Officer & Title: (BANK OFFICER / TITLE)
Know all men, by these that I, (NAME), at the address shown above, give you clear notice that you have my direct permission and full authority to do all matters necessary to confirm, verify, and authenticate my beneficially owned cash funds and/or application asset(s) and its associated good standing account status, in an amount of (SPELL AMOUNT) United States Dollars (\$,000,000.00 USD) on a bank to bank basis. The below stated beneficially owned account is of good, clean, and cleared cash funds obtained via legal means, and is currently available at the bank coordinates below:
INVESTOR TRANSACTION CODE:
TO: Trade Authority / Program Manager RE: Authorization to Verify
DATE: December 5, 2024

LETTER OF CONFIRMATION OF BANK OFFICER

DATE: December 5, 2024 TO: Trade Authority / Program Manager RE: Participation in Structured Private Financial Opportunity **INVESTOR TRANSACTION CODE:** Dear Sir, I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), duly authorized do solemnly swear/attest with full legal responsibility, that the following named person is my actual and personal bank officer at (NAME OF THE BANK), located at (ADDRESS OF BANK), who will be available to cooperate with the trader for blocking of the following referenced bank account: Name Bank Officer & Title: (BANK OFFICER / TITLE) Bank Officer Telephone: (BANK OFFICER TELEPHONE) Account Number: (ACCOUNT NUMBER) I, (NAME), hereby swear under penalty of perjury, that I AM THE SIGNATORY of the account, that the funds belong to me, and the information provided herein is accurate and true as of this date: December 5, 2024 For and on behalf of (NAME OF INDIVIDUAL) Signature: Name: Passport Number: Date of Issue:

Date of Expiry:

Country of Issuance:

[INSERT APPLICANT LETTERHEAD IN THIS HEADER SPACE]		
PASSPORT		
PROVIDE COLOR COPY ENLARGED (140%) TO THIS SIZE (8½ X 11 INCHES). PICTURE MUST BE CLEAR AND NOT DARK. ENLARGE & LIGHTEN (USING PHOTO SETTING). COLOR SCAN THE PASSPORT INTO YOUR COMPUTER AT A HIGH RESOLUTION IN THE JPEG FORMAT AND INSERT.		

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APPLICANT INITIALS _

PROOF OF FUNDS

CURRENT BANK STATEMENT

CURRENT BANK STATEMENT OR RECENT FIVE (5) DAYS TEAR SHEET IS THE REQUESTED ACCEPTABLE PROOF OF FUNDS. BCL, BANK LETTERS SIGNED BY BANK OFFICER(S), CERTIFICATE OF ACCOUNT OR CONFIRMATION OF FUNDS MAY BE INCLUDED AS SUPPLEMENTAL BANKING. KINDLY INCLUDE UN-SANITIZED CURRENT BANK STATEMENT OR TEAR SHEET WITH YOUR SUBMISSION. IN THE CASE OF FINANCIAL INSTRUMENTS, TRANSMIT HIGH-QUALITY, COLOR SCANS OF REAL DOCUMENTS FRONT AND BACK. THANK YOU.

APPLICANT INITIALS _____ PAGE 19 OF 21

ADDITIONAL DOCUMENTATION

DATE: December 5, 2024

TO: Trade Authority / Program Manager

RE: Participation in Structured Private Financial Opportunity

REQUIRED ADDITIONAL DOCUMENTATION (PLEASE INSERT HEREAFTER)

- History / source of funds (i.e., contracts, attorney's attestation-letters etc.)
- Lawyers attestation, confirming that no legal/tax-claims against said and to be transferred funds are known/existing
- Commercial registration/registrar, good standing not older than 3 months (for corporations only)
- Last 2 Annual / financial audit-report (if Audit-reports available otherwise only 2 last Financial Annual reports for corporations only)

APPLICANT	INITIALS	
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LETTER OF LIAISON AND COMMUNICATIONS AUTHORITY

DATE: December 5, 2024 TO: Trade Authority / Program Manager RE: Participation in Structured Private Financial Opportunity INVESTOR TRANSACTION CODE: Dear Sir, I, (NAME), bearing (COUNTRY) Passport No. (NUMBER), hereby authorize (TRANSLATOR NAME), bearing (COUNTRY) Passport No. (NUMBER) having the below contact details, to act as my official liaison in such matters to carry out the duty and responsibility as primary contact to coordinate communication and receive copy of all written and telephonic communication regarding the above transaction as I do not speak English and he is my official translator. Copy of corresponding passport has been included. Name of Translator: (TRANSLATOR NAME) Telephone Number: (TRANSLATOR TELEPHONE NUMBER) Email Address: (TRANSLATOR EMAIL) Address: (TRANSLATOR ADDRESS) I, (NAME), hereby swear under penalty of perjury that the information provided herein is accurate and true as of this date: December 5, 2024 For and on behalf of (NAME OF INDIVIDUAL) Signature: Name: Passport Number: Date of Issue: Date of Expiry:

APPLICANT INITIALS

Country of Issuance:

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