

Front Street 5 unit 4, Philipsburg, Sint Maarten Email: lnfo@sxmnotaryrichards.sx Tel: +1721 5426817

CLIENT INFORMATION SHEET

Family name/ Surname	::		
Full names / Given nam	nes:		
Home Address (<i>provide</i>	e (include) proo	f: Civil registration form and ut	ility bill):
Telephone (home)/ Cell:		Telephone (work) :	
E-mail:			
Profession :	Nationality:	Passport nr:	
Date of birth:	Place	of birth:	Country of birth:
Married: ☐ Yes ☐ No	Never □	Marriage: [☐ first ☐ second ☐ third or
In community of prope	rty: 🗆	With marriage contract: □	Date of contract:
		for) a politically exposed person or explanation) Name of PEP:	on (PEP)*: □ Yes □ No
Bank account #	Ban	k account in name of:	
Bank's name:		IBAN / ABA /Swift code:	

Full names of present spouse:			
Profession spouse:	Nationality:	Date of birth:	
Place of birth :	Countr	y of birth:	
Was he or she married before:	□ Yes □ No		
Your last marriage ended by: □	Divorce	Date of divorce:	
Your last marriage ended by: □	Death of spouse	Date death of spouse:	
The undersigned declares that a	bovementioned inforn	nation is correct.	
Signature:	Date:		