Landmark Capital

**Client Declaration Form
for Segregated Account**

Date: _____   Client Code at LMC_____

 Account number:_____

Client type: Legal person *(please fill in Section 1)*   Physical person *(please fill in Section 2)*

Section 1. Legal person

Client Name
Registration #:
Country of registration:
Registration Date:
Registration Address:

Beneficial Owner
Name:
Date of birth:
Identity Document: Identity document number:

Section 2. Physical person

Client Name:
Date of birth:
Identity Document: Identity document number:
Residence address:

Is there other Beneficial owner for the account: No
                                                       Yes   (please fill in below questions)
Beneficial Owner Name:
Date of birth:
Identity Document: Identity document number:
Residence address:

Section 3. Credentials

Client Name
Authorized Signatory Name
Authorized Signatory Position
Signature