

Instructions: Please do not leave blank spaces. If an item does not apply, write "N/A"

Date: / /
Day Month Year

1. PERSONAL INFORMATION

Given Names	Surname	Gender	Date of Birth <small>Day / Month / Year</small>
Citizenship	Place of Birth <small>City / State / Country</small>	Marital Status	
ID Type	ID number	ID Expiration <small>Day / Month / Year</small>	

2. CONTACT INFORMATION

Email	Home Phone	Mobile Phone
Permanent Physical Address		Zip
State	City	Country

3. EMPLOYMENT INFORMATION

Are you currently employed?

Yes No Retired

If yes, please provide the following Employment Information

Company Name	Company Activity	Company Phone	Start Date <small>Day / Month / Year</small>
Company Address	City	State	
Zip	Country	Occupation	Your Gross Monthly Income

4. OTHER SOURCE OF INCOME

Family Rentals (Explain)

If you receive income from independent activities, please explain

5. SOURCE OF FUNDS

Indicate source of funds for this transaction and how they were generated

- By retirement plan, IRA, Equity Trust, labor settlement and voluntary pension plan
 - By mortgage on a property
 - By employment
 - By own business
 - By line of credit
 - By heritage
 - By the sale of property or company
 - Other
- _____
- _____

6. PURPOSE OF THIS TRANSACTION

A) Purchase of property

Purchase Price	Province	Folio Real Number
Type of Transaction		

B) Purchase of Business Establishment

Purchase Price	
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C) Trust Services

Trustor	Amount to Custody	Trustee
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D) Payroll Service

Transaction Amount	
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E) Other

Explain the Purpose	Transaction Amount
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Have you or your spouse held a government position, or considered a politically exposed person (PEP)?

Yes No

Do you perform any of the activities described in articles 15 of Law 8204? This includes systematic operations involving money exchange or wire transfers in large amounts

Yes No

The undersigned hereby declare under oath that:

My income and assets have been acquired through legal and legitimate activities, I have never been involved in money laundering or any other criminal activities or against any national or international money laundering laws or regulations. The information provided to complete this form is accurate and truthful. All information supplied in this application is true, correct and reflects every necessary fact of my person for this transaction. The aforementioned in accordance with Narcotics, Psychotropic Substances and Unauthorized Use of Drugs Law and regulations (8204) and the Financial Superintendence Office ACUERDO SUGEF number 12-10. I hereby authorize TVB CAPITAL to investigate, verify and submit or release any necessary information contained in this file to any competent Costa Rican or Foreign Authority that requests it.

Customer Signature

Please provide signature as it appears on your ID

Date

