

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).

Corporate Information

Full Name of Corporation:
Date of Incorporation:
Incorporated in:
Registration Number:
Board of Directors:
Officers:
Shareholders (List all shareholders owning more than 5 % of all outstanding shares of Corporation):

7B Ballinteer Business Centre
Ballinteer Avenue
D16 KW62
Ireland

info@srssenergy.com

+353 1 565 4595



Location of Address: Registered Address (Corporation)

Full Name of Corporation:
Street Address:
City:
Country:
Postal Code:

Location of Address: Mailing Address (Corporation)

Full Name of Corporation:
Street Address:
City:
State:
Country:
Postal Code:

Contact Information (Corporation)

Telephone Number:
Fax Number:
Mobile Number:
Email Address:
Web Site:

Financial Information (Corporation)

Annual Income of Corporation: \$
Liquid Assets of Corporation: \$
Net Worth of Corporation: \$
Oil Trading Experience (in years) of Corporation:

Languages / Translator

Languages:

Does the Signatory speak English?:

If No, Name of Translator:

Tel Number:

Email Address:

Legal Advisor

Full Name:

Company:

Address:

City:

Country:

Postal Code:

Telephone Number:

Email Address:

Bank Information (Corporate)

Bank Name:

Street Address:

City:

Country:

Postal Code:

Account Name:

Account Number:

SWIFT Code:

Account Signatory (1):

Account Signatory (2):

Bank Officer # 1 Name:

Bank Officer # 2 Name:

Telephone Number:



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(Please attach copy of corporate resolutions adopted by the Board of Directors appointing, and authorizing said officer(s) to represent and legally bind the corporation)

** Duplicate the section below for each Director.*

First Name:

Middle Name:

Last Name:

Gender:

Date of Birth:

Country of Citizenship:

Languages:

Passport Information of Officers(s) of Corporation

**Please attach copy of photo and signature page of passport*

Passport Number:

Date of Issue:

Date of Expiry:

Issuing Authority:

Location of Address: Home-

I, -----, hereby swear under penalty of perjury, that the information provided herein is accurate and true as of this date:

For and on behalf of:

Signature: _____

SEAL OF COMPANY

Name / Title:

Company:

Passport Number:

Date of Issue:

Date of Expiry:

Issuing Authority:



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