

Vital Funds Inc. :: Proof of Funds Account Application

P: 877-226-6260/Fax: 619-568-3615

Completion of ALL sections is required to process this Application.
When completed, this Application will become part of your Customer Agreement.

Name needed on the POF Account	
Registered Address	
Time Period that this Account will be needed	
Amount of Money Needed in this Account	
Type of Account Confirmation Required	<input type="checkbox"/> Bank Letter <input type="checkbox"/> Statements <input type="checkbox"/> VOD <input type="checkbox"/> Blocked Cash Funds <input type="checkbox"/> Online Account <input type="checkbox"/> CD/DTC <input type="checkbox"/> CD with MT760 <input type="checkbox"/> SBLC Delivery only <input type="checkbox"/> SBLC MT760 <input type="checkbox"/> Bank Guarantee MT760 <input type="checkbox"/> Payment by MT103-23 or Bank Pay Order
Contact Person/Applicant	
Telephone Number	
Cell Phone Number	
Fax Number	
E-mail Address	
Principal Structure of Business	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual

COMPLETE FOR CORPORATION or LLC

Place of Incorporation/Organization	
Date of Formation	
Company's Employer Identification Number	

COMPLETE FOR ALL SIGNATORIES

Social Security Number (U.S. citizens)	
Drivers' License or Passport Number	

USE OF ACCOUNT

Please provide a brief description of the purpose for which the POF account will be used:

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AUTHORIZED PERSONS

The following persons are authorized to execute documents on our behalf:

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Name and Title

Signature

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Name and Title

Signature

ACCURACY OF INFORMATION

We represent and warrant that the information provided is true and accurate, and we will provide prompt notification if any of the information contained herein materially changes or ceases to be true and correct.

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Name of Authorized Signatory

Signature

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Title

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Date

ADDITIONAL DOCUMENTATION REQUIRED

Please attach with this Application the following:

- Certificate of Incorporation/Articles of Organization and applicable Corporate Resolution (for companies).
- Two (2) forms of identification – One being a color copy of each signatory's Passport or Driver's License, and the 2nd being a document to confirm their name and address (e.g. bank statement, utility bill, etc.).
- Bank statement/letter showing the ability to fund the Escrow Trust Account with the Arrangement Fee.

COMPLIANCE

All information is required for compliance with Intl. Money Laundering Regulations and the US Patriot Act.

All information will be treated with the strictest confidence.