

## **APPENDIX II**

## **Request for Privacy Information**

## **Non-Natural Client**

I, the undersigned,.	Date of Bir	th, holder of a	passport number
, with reside	ntial address:	, Director/ Rep	resentative of
Company, with	an operational add	dress in	and registered office
inhereby request	in writing the follo	wing:	
declaration, I release the Comwarrant that I will indemnify an	pany and/or its m nd hold Company' 's' fees, in connec	anagers and/or share s from any direct loss tion with any breach	n-boarding process. By signing this cholders from all duties to me and I or harm, including, without or enforcement of my obligations
·			e Company strictly confidential and rrently or in the past of the fees paid
	case, in which the nall be required to	Company shall find a pay the Company an	any such actions made by me or by amount of no less than 50,000
I shall be personally liable for a party on my behalf.	any breach of the	aforementioned which	h was made by me and/or by a third
Client's Name:			
Company Name:			