

# CLIENT INFORMATION SHEET



**SRSS**  
ENERGY

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:

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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: