

CLIENT FINANCIAL INFORMATION

Investor Details

Surname		Title	
Full Name(s)		Client No.	
Entity Name (if applicable)			

Primary Source of Income

<input type="checkbox"/> Salary		N\$
<input type="checkbox"/> Business Income		N\$
Expected Monthly Turnover	N\$	

Additional Sources of Income

Source	Amount
	N\$
	N\$
	N\$
	N\$
	N\$
	N\$
Total Primary & Additional Sources of Income	N\$

Investor Declaration

I, herewith declare that all information provided above by me is true and correct. I acknowledge that the Administrator (Capricorn Asset Management) may report any information provided by me to the Financial Intelligence Centre.

Signature of Investor/Financial Advisor _____ Signed at _____ Date _____