

CIF Number
(for internal use)

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Full Name of Relation / Affiliation

Last Name	First Name	Middle Name	Suffix

Relation or Affiliation via ☐ Relative ☐ Business Partner ☐ Associate ☐ Representative / Employee ☐ Political Supporter ☐ Donor

Rank / Position of Relation / Affiliation

Country of Service

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CUSTOMER UNDERTAKING

By signing, I hereby certify that the information in this form is true and correct to the best of my knowledge. I undertake to advise BDO Group and provide documentation for any changes to the above information.

Signature over Printed Name

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Date Signed
(mm/dd/yyyy)

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