

CIF Number
(for internal use)

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Full Name of Relation / Affiliation

<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Suffix</small>

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

Rank / Position of Relation / Affiliation

Country of Service

Full Name of Relation / Affiliation

<small>Last Name</small>	<small>First Name</small>	<small>Middle Name</small>	<small>Suffix</small>

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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

Date Signed
(mm / dd / yyyy)

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