



Registration Form for Individual Clients

This form can be completed "on-screen" before saving and printing for your final signature.

About Venstar Exchange

Venstar Exchange represents individuals and businesses with currency exchange requirements. Venstar Exchange has formed relationships with highly credible exchange institutions all over the world. Because we remain independent from these institutions (and do not act as an agent for any entity) we are in a unique position to provide our clients with access to highly competitive exchange rates and services catered to their particular needs.

Anti-Money Laundering, Compliance and Privacy Policy

In compliance with the 'Know Your Client' policies under the Bank Secrecy Act, USA Patriot Act and other U.S. and International Anti-Money Laundering statutes and regulations, we are required by law to collect and verify information about our clients.

The following information must be provided to us in order to complete the registration process. No information received will be used for any purpose other than identifying and reporting activities involving terrorism or money laundering. We may also share your information with one or more money service businesses or financial institutions acting on your behalf with regard to the transfer of your funds. Under no circumstances will Venstar Exchange share client information with unaffiliated third parties unless required to by law or contractual obligation. Please see Venstar Exchange 'Terms and Conditions' and 'Privacy Policy Notice'.

Name of your Venstar Exchange Account Specialist (if known): _____

Section 1 Primary Client

Salutation: (Mr./Ms./Mrs./Dr.) _____ Name (first then FAMILY): _____

Residential Address (no P.O. Box): _____

City: _____ State/Province: _____

Postal/Zip Code: _____ Country: _____

Please check mark your primary day time phone:

Home Phone: + _____ (_____) _____

Mobile Phone: + _____ (_____) _____

Office Phone: + _____ (_____) _____

Fax : + _____ (_____) _____

Email Address: _____ Occupation: _____

Country of Birth: _____ Citizen of: _____

Social Security or Tax ID #: _____ Date of Birth: (yyyy/mm/dd) _____

Section 2 How Did You Hear About Venstar Exchange?

Yahoo! Search Bing / Microsoft Search Google Search Partner Site TV Newspaper

Magazine Radio Referred by: _____

Other: _____



Section 3 Additional Contacts

Third Party or Joint Bank Accounts: Funds you wish to exchange must originate from a bank or other financial account in your name. If your funds will be originating from a bank account not in your name (e.g. from your spouse's bank account), then that person must register with Venstar Exchange.

Authorized Representative: If necessary, you may authorize another person (your spouse, close relative, etc.) to initiate transactions and conclude the terms of such transactions on your behalf. An Authorized Representative is not required to submit copies of ID and is not legally responsible for the obligations Terms and Conditions of this Registration.

Name (first name then FAMILY): _____ Relation: _____

Country of Birth: _____ Date of Birth: (yyyy/mm/dd) _____

Primary Phone: +____ (____) _____ Email*: _____

Create a 4 digit Personal Identification Number (PIN): _____ (e.g. last 4 digits of individual's social security number)

* Please check if this email address should NOT receive future transaction correspondence (e.g. Transaction confirmations)

Section 4 Credit Card Details

In the event that a currency exchange transaction is booked (a request for our service is made by you, accepted and confirmed by us, as defined in Section 2 of 'Terms and Conditions') and no payment is received from you, any losses incurred from "unwinding" this transaction will be charged to this credit card. For more details please read 'Terms and Conditions', Sections 4 and 5.

You may opt out from providing credit card details. In this case, you will not be able to book an exchange rate prior to transferring your funds. Your funds will be converted at the exchange rate at the time they are received.

Name as it appears on Credit Card: _____

Billing Address: _____ City: _____

State/Province: _____ Postal/Zip Code: _____ Country: _____

Card Number: _____ Exp. Date: (mm/yy) _____

3 Digit Security Code: _____ Type: Visa MasterCard

Section 5 Services You Require

Expected Date of Next Transaction: (yyyy/mm/dd) _____

Expected Amount of Next Transaction: (amount and currency) _____

Currency you are Selling: _____ Currency you are Buying: _____

Reason(s) for Exchange: (**Required** under the USA Patriot Act) _____

Additional information to help us serve you better:

Forward Contracts (secure today's exchange rate, with a deposit, for a future exchange) Y N

Same Day Exchange (a live 'spot rate' for immediate exchange) Y N

Venstar Signature Market Reports (complimentary) Y N

Anticipated Frequency of Exchange: _____ times per year OR total

Anticipated Amount to be Exchanged: (amount and currency) _____ per transaction , per month , per year OR in total



Section 6 Required Copies of ID

Venstar Exchange is required to obtain **two forms of identification** from all new customers and from all joint account holders named on any account from which you will be sending funds.

- 1) A copy of a **Valid Passport**: USA or Canadian citizens may provide a valid Driver's License if a Passport is not available, and
- 2) A copy of **proof of residential address**: A Utility Bill or/ Property Tax Bill or/ Bank Statement **less than 3 months old** and **matching the name and address given in Section 1** above.

Section 7 Certification

I certify that I have read, understand and agreed to 'Terms and Conditions' and that the information given in this Registration Form is true, accurate and complete to the best of my knowledge. Furthermore, I authorize Venstar Exchange when considering this registration to contact my bankers or any other sources to make identity, credit reference, fraud and other inquiries.

Signature: (Written signature required*) _____ Date: (yyyy/mm/dd) _____

Name (first then FAMILY): _____

Create a 4 digit Personal Identification Number (PIN): _____ (e.g. last 4 digits of individual's social security number)

* This form must be printed and signed. Electronic signatures are not sufficient.

For immediate processing please fax or email the completed Registration, including the copies of required identification, using the contact details below. Please do not email your registration to your Account Specialist. We will keep your information on file for reference for any and all future transactions. Registrations are typically approved or denied within a few hours of submission. You may lock rates and book transactions the moment your registration is approved.

Facsimile (USA): +1.310.882.5585 Email: customerservice@venstar-exchange.com

