

Tel: +356 2778 1919 / Fax: +356 2122 1289 Address: 168 St Christopher Street, Valletta VLT 1467, Malta support@nsfx.com / www.nsfx.com

PROVENANCE OF FUNDS

Date:	Department:	
I, the undersigned declare that the deposit(s) effected		
in account:	1	
in the name of:	2	
are the proceeds of:	3	
Furthermore, I hereby:		
a. Confirm that these funds are derived from legitimate activities; and		
b. Undertake to provide the Company with all the explanations and/or supporting documentation that it may request.		
Name:		
Identity card / Passport number ⁴ :		
Signature:		

- 1. Insert type of account and account number.
- 2. Insert particulars of account holder if person signing this declaration acts as an agent.
- 3. Include details of the activity, event, business, occupation or employment from which the deposit derived and other relevant information. The details provided should not be generic.
- 4. A photocopy of the identity card or passport of the individual signing the declaration should be taken unless already held by the Company.



NSFX HEADQUARTERS

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All other Powers of Attorney eventually granted are not concerned by this revocation. This revocation is effective as of the date hereof. Anything done previously to the date hereof in accordance with the Power of Attorney shall remain firm, valid and effective both in regard to NSFX Limited as well as third parties.

Place and date:	Signature(s):