

New Application Form

- Safe Deposit Box Rental



Account Application – Safe Deposit Box Rental

Strategic Wealth Preservation
P.O. Box 10055 • Grand Cayman KY1-1001 • Cayman Islands • British West Indies
T: (345) 640 2111 • C: (345) 525 2111 • E: info@swpcayman.com



Please note this form is for opening Safe Deposit Box Rentals only. All information will be kept confidential and used solely for the purpose of hiring a safe deposit box with Strategic Wealth Preservation Ltd.

Section 1 – Account Owners

Name 1 (primary contact): _____

Nationality: _____

Date of birth: _____

Street address 1: _____

Street address 2: _____

City: _____

State/Province: _____

Country: _____

ZIP/Postal Code: _____

Name 2: _____

Nationality: _____

Date of birth: _____

Street address 1: _____

Street address 2: _____

City: _____

State/Province: _____

Country: _____

ZIP/Postal Code: _____

Section 2 – Account Owner Signatures

Account Owner #1 (Signature): _____

Account Owner #2 (Signature): _____

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Section 3 – Authorized Representatives

Authorized Representative #1

Name: _____

Signature: _____

Authorized Representative #1

Name: _____

Signature: _____

Authorized Representative #1

Name: _____

Signature: _____

Authorized Representative #1

Name: _____

Signature: _____

Section 4 – Authorized Representatives

In an effort to comply with global anti-money laundering standards SWP requires that the identity of all clients be verified.

Please provide a certified copy of your passport, complete with signature page for all individuals identified in sections 1 and 3. The copy must be clear and current. In the event that you are unable to provide a copy of your passport the following types of government-issued photo identifications may be acceptable:

- Driver's License
- National Identification Card
- Permanent Resident Card
- Record of Landing
- Citizenship Card

Document Certification

The person who is certifying or notarising the document should be a "suitable person". This includes lawyers, accountants, directors or managers of regulated credit or financial institutions, a notary public, a member of the judiciary or a senior civil servant. No individual can certify his or her own documents.

The certifier should sign the actual copy document, printing their name underneath and clearly indicating their position or capacity along with a contact address and phone number and confirming that the document is true copy of the original. In cases where the certification has been attached to the copy document page, the wording should clearly identify what documentation is being certified including specific reference to the passport number, and the name and date of birth of the person.

Please note that SWP reserves the right to request additional information to assist with the verification of identity process.

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Section 5 - Declaration and Signature

I hereby declare that the particulars given herein are true, correct, and complete to the best of my knowledge and belief, and that I am not making this application for the purpose of contravening any Act, Rules, Regulations, statutes, legislation, Notifications or Directions issued by any governmental or statutory authority. This includes jurisdictional tax reporting obligations.

I hereby accept and acknowledge that SWP shall not be held liable should the applicant(s) not be forthcoming in their ability to abide by local, state/provincial and federal regulations.

_____	_____	_____
Full Name	Signature of Applicant	Date

Section 6 - Instructions

Please complete and return this form:

By email - info@swpcayman.com

By mail -
Strategic Wealth Preservation
P.O. Box 10055
Grand Cayman KY1-1001
Cayman Islands

An SWP representative will be in touch with you shortly to confirm your account has been opened. If you have any question, please email info@swpcayman.com or call (345) 640-2111.