

INVESTOR QUESTIONNAIRE

Plea se ans wer all of

PRIMARY APPLICANT INFORMATION						
the question	s. Please attach on	e copy of the personal data រុ	page of your current passport			
NAME						
(Last)	(F	irst)	(Middle Initial)			
GENDER: □ Male □ Fema	ale					
OTHER NAMES USED OR A	LIASES (i.e. mai	den name)				
FULL NAME IN NATIVE ALF	PHABET					
SOCIAL SECURITY # A#						
ADDRESS						
(Street # and Name)		(Apt. #)				
(City or Town)	(City or Town) (State or Province)					
(Country)		(Zip or Postal Code)				
TELEPHONE NUMBER						
(C	ountry Code)	(Area Code)	(Number)			
FAX NUMBER						
·	ountry Code)	(Area Code)	(Number)			
EMAIL ADDRESS						
WHAT IS YOUR CURRENT (OCCUPATION?					
LEVEL OF ENGLISH LANGU	AGE □CONVER	SATIONAL FLUENT [□ NEED TRANSLATOR			
OTHER FOREIGN LANGUA	GES :					

ANTICIPATED DATE OF YOUR	PETITION SUBMISSION _					
	(MM) / (DD)/ (YYYY)					
APPLICANTS LIVING IN THE	UNITED STATES					
U.S. ADDRESS						
(Street # and Name)						
(Apt. #)					
(City or Town)	(State or Province)				
(Country)	(Zip or Postal Code)					
DATE OF ARRIVAL	ATE OF ARRIVAL TYPE OF VISA:					
(MM)/ (DD)/	(YYYY)					
1-94 #	CURREN	T NON-IMMIGRANT STATUS				
EXPIRES ON						
(MM)/ (DD)/(YYY	()					
PRIMARY APPLICANT'S NET	T WORTH		LO0			
ON OF ASSETS: □UNITED ST	ATES	□ вотн	All			
IF ABROAD, WHICH COUNTR	Y OR COUNTRIES:					
<u>ASSETS</u>						
CHECKING ACCOUNT		\$				
SAVINGS ACCOUNT		\$				
INVESTMENTS (STOCKS, BON	DS & MUTUAL FUNDS)	\$				
BUSINESS INCOME		\$				
REAL ESTATE		\$				
INHERITANCE		\$				

GIFT

OTHER (EXPLAIN ON SEPARATE SHEET)	\$
TOTAL	\$
LIABILITIES:	
MORTGAGE	\$
OTHER LOANS (EXPLAIN ON SEPARATE SHEET)	\$
TOTAL	\$
TOTAL NET WORTH	\$
SOURCE OF FUNDS FOR INVESTMENT	
*Please use an additional sheet if necessary.	
OF THE ABOVE ASSETS, WHICH WILL CONTRIBUTE	TO THE \$500,000 INVESTMENT?
ASSET	\$\$
ASSET	\$
ASSET	\$\$
TOTAL INVESTMENT	\$\$

INVESTOR IN	FORMA ⁻	ΓΙΟΝ								
Name:										
(LAST)				(FIR	,	(MIDDLE)				
Home address:	(STREET)									
	(CITY)				(ST	ATE)	(ZIP/POS	STAL CODE)		
Place of Birth:										
	(CITY)						(COUNTF			
Date of Birth:	/		_/	Cou	ntry of (Citizenshi	ip:			
	(MOI	NTH/DA	Y/YEAR)							
Marital Status:				Spc	use Na	me:				
Date of Marriag	ge:	/_	/_		Spo	use Date	of Birth: _	/_	/	
		(MON	TH/DAY/YE	EAR)				(MONT	·H/DAY/YEAR)	
Place of Birth:							Na	tionality	<i>r</i> :	
	(CITY)			E)		UNTRY)				
Children's Info			(-,	(33	·····,				
Name			te of Bir m/dd/y			Place of (City, St	EBirth ate, Countr		Nationality	

Have you or your spouse ever been denied entry into the circumstances.	e U.S.? If yes, please br	iefly explain the
Have you or your spouse ever been convicted of a crime sheet.)	? (If yes, please provide	e details on a separate
Do you know of any medical condition that may disquali age of 21 from receiving U.S. immigrant visas?	fy you, your spouse or y	our children under the
Summarize your past work experience(s) (job title, dates including your present occupation.	started/ended, and co	mpany name(s)),
Will you be able to clearly document that the cash require lawful source such as profit or earnings from a business, estate, or the profits or earnings from stock or other investigation.	the profits or proceeds	from the sale of real
Summarize how you acquired your wealth, including the	source of the investme	ent funds.
If all the information provided above is verified and correand date below.	ect to the best of your k	nowledge, please sign
(SIGNATURE OF APPLICANT)	/	/

*NOTE: To satisfy banking laws, the above information will be shared with FGRC banking affiliates who hold the Escrow Agent for the Fund.