



Dear Client,

As part of our due diligence for compliance to the Foreign Account Tax Compliance Act (FATCA) of the United States, kindly answer this questionnaire to enable us to properly classify your account . Additional documentation may be requested from you based on your answers to the questions below. If you do not respond to the request to answer this form or provide additional documentation as may be requested, we shall tag your account as recalcitrant. Thank you for your cooperation.

NAME OF CLIENT
A. Do you have any of the following as member of the Board of Directors, Major shareholder (owning at least 10% of the company) or Officer:
1. U.S. Citizen?
2. U.S. resident?
3. U.S. resident alien?
4. Born in the U.S.?
B. Do you have any of the following:
1. A current U.S. address?
2. A current U.S. mailing address (including a U.S. P.O. Box)?
3. A current U.S. telephone number?
C. Have you issued a standing instruction to transfer funds to an account maintained in the U.S.?
D. Have you issued a power of attorney or granted signatory authority to a person with a U.S. address?
E. Do you have an "in care of" address or "hold mail" address that is the sole address for an account (whether such address is in the U.S. or outside the U.S.)?

DECLARATION

I/We represent and declare that the information provided above is true, accurate, complete and updated. I understand that the term "U.S. person" means any citizen or resident of the United States.

I/We hereby consent for UNICAPITAL, INC., UNICAPITAL FINANCE & INVESTMENTS, INC. or UNICAPITAL SECURITIES, INC. (collectively "UNICAP") to report my information to regulatory authorities in accordance with the requirements of Foreign Account Tax Compliance Act as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.

I/We hereby consent that UNICAP may withhold from my account(s) such amounts in accordance with the requirements of Foreign Account Tax Compliance Act as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.

I/We hereby consent that UNICAP may classify me as a recalcitrant account holder and/or suspend, recall or terminate my account(s) and/or facilities granted to me, in the event I fail to provide accurate and complete information and/or documentation as UNICAP may require.

I/We undertake to notify UNICAP in writing within 30 calendar days if there is a change in any information which I have provided to UNICAP.

I/We shall indemnify and hereby holds UNICAP, its directors, stockholders, officers, employees, representatives, agents or other relevant units of UNICAP, free and harmless from and against any and all liabilities, actions, damages, proceedings, losses and/or any and all claims of whatever nature which may be suffered or incurred by UNICAP as a result of or in any way arising from or connected with any false, inaccurate, incomplete or invalid information/documents provided to UNICAP.

PRINTED NAME OVER SIGNATURE OF AUHORIZED SIGNATORY

PRINTED NAME OVER SIGNATURE OF AUHORIZED SIGNATORY

DATE:

Definition: The term U.S. person is described in Section 7701(a)(30) of the United States Internal Revenue Code as:

- (a) a citizen or resident of the United States,
(b) a domestic partnership,
(c) a domestic corporation,
(d) any estate (other than a foreign estate, within the meaning of paragraph Section 7701(a)(31)), and
(e) any trust if (i) a court within the United States is able to exercise primary supervision over the administration of the trust, and (ii) one or more United States persons have the authority to control all substantial decisions of the trust.

THIS SECTION IS FOR UNICAP GROUP FATCA ASSESSMENT: CONCLUSION OF CUSTOMER'S FATCA STATUS

CUSTOMER'S FATCA STATUS : US PERSON NON-US PERSON

UNICAP SALESMAN/EMPLOYEE NAME SIGNATURE DATE: