

**COMPLIANCE FORM******* THIS COMPLIANCE FORM CONFORMS WITH CURRENT LAW *****

ALL THE INFORMATION PROVIDED HERE IS STRICTLY PRIVATE & CONFIDENTIAL AND CAN ONLY BE USED BY AN AUTHORIZED STAFF MEMBER OF BANCO RENDIMENTO S/A

IF YOU NEED TO INFORM US OF ANY ADDITIONAL INFORMATION PLEASE ATTACH A NEW SHEET TO THE FORM

SENDER'S NAME: _____

BENEFICIARY'S NAME: _____ CPF: _____

RELATIONSHIP TO THE BENEFICIARY: _____

PURPOSE OF TRANSACTION: _____

HAS THE SENDER ALREADY SENT REMITTANCES TO OTHER BENEFICIARIES IN BRAZIL? YES NO
IF SO, PLEASE COMPLETE THE FIELDS BELOW:

BENEFICIARY'S NAME ?	CPF	CITY/STATE

SENDER'S WORK STATUS: A. SELF-EMPLOYED WORKER
B. COMPANY EMPLOYEE
C. COMPANY OWNER
D. OTHERPLEASE SPECIFY _____

SOURCE OF BUSINESS: _____

AVERAGE MONTHLY INCOME: _____

IF YOU ARE SELF-EMPLOYED AND TICKED BOX A, PLEASE COMPLETE THE FIELDS BELOW:

MAIN CLIENTS	ADDRESS	CONTACT PHONE NUMBER

OTHERWISE, IF YOU TICKED BOX B OR C, PLEASE COMPLETE THE FIELDS BELOW:

COMPANY NAME	ADDRESS	CONTACT PHONE NUMBER

ARE THERE ANY OTHER SOURCES OF INCOME THAT THE SENDER WANTS TO INFORM US ABOUT?

YES NO

IF YES, PLEASE SPECIFY THE AVERAGE MONTHLY INCOME AND THE SOURCE OF THIS INCOME:

CITY / COUNTRY: _____ DATE: ____/____/____

SIGNATURE

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