Health Condition Confirmation Form

SWISS FINANCE
Swiss Finance and Investments LTD
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Recipient Information:

Full Name:		Date of Birth:	
Nationality		Passport ID /Number	
Address:			
Phone Number:		Email Address:	

Investment Details:

Amount of Investment Requested:	
Purpose of Investment:	

Health Condition Confirmation: I, the undersigned recipient of the investment from Swiss Finance and Investments LTD, confirm that I am in good health and have no known medical conditions that would prevent me from managing the investment or fulfilling any obligations related to it. I understand that it is my responsibility to inform Swiss Finance and Investments LTD of any changes in my health that may affect my ability to manage the investment.

Attachment Requirement: This form must be attached to a medical confirmation from a qualified healthcare professional.

Signature: