

SIMPR MASTER ACCOUNT APPLICATION FORM

INDIVIDUAL

Name:

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Social Security Number

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Address:

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Country

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Mailing Address

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Email Address

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Telephone Number

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Required supporting documents.

- *2 Copies of Picture ID*
- *Proof of Address*

By Signing this Application Form you hereby agree that you, your agent(s), servant(s) or assign(s) accept and agree to operate according to the to the terms and conditions of use of the Registry System and accept any liability resulting from the breach of the terms and conditions of use of the System and/or misuse of the System by you, your agent(s) servant(s) or assign(s).

Signature:

Date:

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