

AMIPI INC.

42 W 48TH St, 15th Floor, New York, NY 10036 Tel: 212-354-9700 | 800-530-2647 | Fax: 212-354-1508 www.Amipi.com

URGENT ATTENTION REQUIRED

Dear Customer and Business Partner:

I am writing to you to inquire whether you have instituted an anti-money laundering (AML) program in compliance with the USA PATRIOT Act, the U.S. Bank Secrecy act and other regulatory requirements.

In order to complete our compliance obligation, we are required under our policy and program to acquire the following identifying information for all our business partners and customers. Please provide the following identifying information. You may complete this form and email it to **accounts@amipi.com** or fax it to +1 (212) 354-1508.

Name:		
Legal Business Name:		
City:	State:	Zip:
Telephone:	Fax:	
E-Mail address:		
Tax Identification Number:		
	er:	
YES we have or wil	I be instituting an AML Program.	
NO we will not ins	titute an AML program due to our sta	atus as an "exempt" retailer.
Signature	 Title	 Date

Your response to this inquiry is an important element in our compliance program and your prompt attention to this matter is greatly appreciated.