

ACCOUNT VERIFICATION / AUTHORIZATION FORM

Please fill out, sign and send this form alongside copies of the following documents to documents@ozwinmail.com

**For account verification:**

- 1) Colour copy of Passport or Driving License of account holder (both sides).
- 2) Colour copy of a Utility Bill, Bank Statement or Card statement, not older than two months.

For card(s) authorization:

- 3) Colour copy of Authorized Card(s) (both sides).
- 4) Colour copy of Passport or Driving License of the card holder of each Authorized Card.

User Name or Customer Number (Logon)	Date
Account holder Name	Contact Phone 1
Account holder Street Address, Unit/Suite/Apt Number, City, State, ZIP	Contact Phone 2

By placing my signature below, I intend to verify my account and/or authorize the use of the following card(s) ("Authorized Cards") for depositing into the above-mentioned Ozwin account. I confirm that I have been authorized to use each of the Authorized Cards listed below and acknowledge that I must pay all charges incurred by these cards through transactions to my Ozwin account, regardless of when or by whom the transaction was authorized. I confirm that you shall be fully protected when honoring any payments from my Authorized Cards. In addition, should any payment from an Authorized Card for whatever reason whatsoever not be honored, I confirm that you shall be under no liability for any costs, including bank fees, even though this may mean that my Ozwin account may become inaccessible.

By: _____
 Signed _____ Dated _____

 Print Name

Card (1)		
Card Type <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> A M E X	Card Number	Expiry Date:
Card billing address:		
Name as shown on card		
Signature of card holder		Today's date
Card (2)		
Card Type <input type="radio"/> VISA <input type="radio"/> MASTERCARD <input type="radio"/> A M E X	Card Number	Expiry Date:
Card billing address:		
Name as shown on card		
Signature of card holder		Today's date