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Due Diligence Questionnaire
Strictly Confidential

Company Name: _____
 Place of Incorporation: _____
 Purpose of Company: _____

Funding: Source of Initial Funds: _____
 Source & Frequency of anticipated funds: _____

Nature of Expenses: _____

Beneficial Owners & Principals:

Name (1) _____	Name (2) _____
ID Type & Number: _____	ID Type & Number: _____

Brief Background: _____

References:

a) Banker	Address
Name: _____	_____
Tel Number: _____	_____
Fax Nbr.: _____	_____
e-mail: _____	_____

b) Lawyer or Accountant	Address
Name: _____	_____
Tel Number: _____	_____
Fax Nbr.: _____	_____
e-mail: _____	_____

c) Other: (Indicate relationship)	Address
Name: _____	_____
Tel Number: _____	_____
Fax Nbr.: _____	_____
e-mail: _____	_____

Disclaimer: I affirm that the Company's funds do not come from and will not be used for criminal activities.

Signed: _____ Date _____ Date _____
 For Stoughton Beneficial Owner of Company

Name in
 block capitals: _____

Initials of Compliance Officer: _____

