

**INDEPENDENT CONTRACTOR APPLICATION
WITH THETABIZ™ GROUP OF COMPANIES**

Full name	
Address	
Postal code	
City	
Country	

Occupation	
Nationality	
Home phone number	
Work phone number	
E-mail address	
Website	
Identification type (passport or ID)	
Number of the identification document	

Rates of pay per hour if applicable	
How often to issue the invoice?	
Further instructions	

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Company name or person to invoice	
Address	
Postal code	
City	
Country	
Payroll contact	
Telephone	
Fax number	
E-mail address	
Website	

Your bank's name	
Bank's address	
Bank's BIC code (SWIFT)	
Your bank account number or IBAN	
Currency	

INDIVIDUAL GUARANTEE OF LEGALITY	I do hereby certify that the foregoing information is, to the best of my knowledge, true, correct, complete and without material omissions; and I accept full personal responsibility for any failure. I further certify that the services requested and ordered will not be used for any illegal purposes, money laundering, terrorism or any other illegal activity as published by United Nations Office on Drugs and Crime (http://www.unodc.org/unodc/index.html) and that any income will be derived solely from legal activities.
Client's full name	
Date (example: 1 st January 2009)	
Signature	

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