

Registration Form		
Last	Name)s):	First Name:
Ema	il Address:	Phone Number:
Acco	ount Name (Unique name you wish to	designate your account):
Com	plete Address (Number, Street, Subd	division, City, State, ZIP, Country):
Cour	ntry of Residence:	Country of Citizenship:
AC	KNOWLEDGEMENTS & DISCL	_OSURES
	I confirm that the information provided to BitHouse is true, accurate, and complete to the best of my knowledge.	
	I understand that BitHouse is required by law to collect persona information in accordance with Know Your Customer (KYC), Anti-Money Laundering (AML), and Counter-Terrorism Financing (CTF) regulations.	
	I acknowledge that BitHouse may engage trusted third-party services, such as DocuSign, to securely verify and manage my information.	
	I understand that full details regarding how BitHouse handles investor information are available in the Terms of Service, Privacy Policy, and KYC/AML Policy, which can be accessed on the BitHouse website.	
Sigr	nature:	Date: