CORPORATE CLIENT- KNOW YOUR CUSTOMER (KYC) FORM

For compliance with the provisions of the Anti-Money Laundering and Countering the Financing of Terrorism Act 2020, Beneficial Ownership Act 2020 and subsequent amendments and regulations, kindly complete the following form IN BLOCK CAPITAL, sign, date and return together with required documents.

IDENTIFICATION INFORMATION			
Registered Name			
Previous Name (if applicable)		**Trading As** (if applicable)	
Registration/ Incorporation Number		**Date of Registration / Incorporation**	
Country of Registration / Incorporation	☐Seychelles ☐Other; please specify: _____		
Type of Legal Person	☐Sole Trader ☐Partnership ☐Limited Liability Company ☐Government ☐Other, please specify: _____		
Nature of Business			
Structure of Legal Person (provide an organogram)	☐Parent ☐Subsidiary ☐Other, please specify: _____		
Is the Company licensed? (provide copy of the Licence)	☐Yes ☐No	**Is the Company supervised by regulatory bodies?**	☐Yes ☐No
Listing Exchange and Listing Date (if applicable)		**Name of Regulator** (if applicable)	
Registered Address (excluding P.O. Boxes)*		**Mailing Address** (if different from Registered Address)	
Email Address		**Website**	
Telephone Number (main)		**Telephone Number** (direct/mobile)	
Contact Persons Name		**Function**	
Contact Persons Name		**Function**	

AUTHORISED SIGNATORIES		
No.	**Full Name**	**Position**
1		
2		
3		
4		

IDENTIFICATION OF DIRECTORS/PRINCIPAL						Are Any Directors, Their Immediate Family Members or Close Associates Politically Exposed Persons (PEP)?	
No.	**Full Name**	**Date of Birth**	**Nationality**	**Address**	**NIN/Passport Number**	**PEP (Y/N)**	**PEP Function/ Relationship to PEP**
1							
2							
3							
4							
5							
7							
8							
9							
10							

IDENTIFICATION OF SHAREHOLDERS *(if applicable)*							Are Any Shareholders, Their Immediate Family Members or Close Associates Politically Exposed Persons (PEP)?	
No.	**Full Name**	**Date of Birth**	**Nationality**	**Address**	**NIN/Passport Number**	**Shares (%)**	**PEP (Y/N)**	**PEP Function/ Relationship to PEP**
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

IDENTIFICATION OF BENEFICIAL OWNER (BO) *(if applicable)*								Are Any BO, Their Immediate Family Members or Close Associates Politically Exposed Persons (PEP)?	
No*	**Full Name**	**Residential address**	**Service address**	**Nationality**	**Date of Birth**	**Date became BO**	**Beneficial interest**** (1,2,3,4,or 5 from below list)	**PEP (Y/N)**	**PEP Function/ Relationship to PEP**
1									
2									
3									
4									
Other details (if 5, please specify as per above):									

****Determination of Beneficial Owner:**

1. Number and class of shares held (>10%): «Share Total» registered shares, or
2. Exercise (directly or indirectly) ultimate control over more than 10% of total voting rights of members in the legal person, or
3. Is entitled (directly or indirectly) to appoint or remove a majority (>10%) of the directors of the legal person, or
4. Is otherwise entitled to exercise or actually exercise control over the legal person or legal arrangement or its management.
5. Others: (Specify type or nature of the interest held, numerical value of interest held or management position held)

IDENTIFICATION OF NOMINEE *(any person holding the interest on behalf of the beneficial owner)* ***(if applicable)***									Are Any Nominees, Their Immediate Family Members or Close Associates Politically Exposed Persons (PEP)?	
No	**Full Name**	**Residential address**	**Service address**	**Nationality**	**Date of birth**	***Beneficial owner (1,2,3 or 4)**	**Particulars & details of the interest held by each nominee**	**Particulars & details of the nominator**	**PEP (Y/N)**	**PEP Function/ Relationship to PEP**
1										
2										
3										
4										

SOURCE OF WEALTH/INCOME	
Source from Company	☐ Company sale ☐ Company profit ☐ Maturing investment ☐ Sale of Shares ☐ Rental/Property sale
Other source	☐ Company sale ☐ Company profit ☐ Maturing investment ☐ Savings from Salary/bonus ☐ Loan ☐ Inheritance ☐ Sale of Shares ☐ Rental/Sale of Property ☐ Gift ☐ Other; please specify: _____
Estimated global net value	☐ Under SCR 5 Million ☐ Above SCR 5 Million

☐	We hereby declare that the funds utilised to transact with …… are not the proceeds of money laundering, terrorist activities or any other illegal or criminal activities.

CUSTOMER'S DECLARATION	
☐	We, the undersigned, certify to the best of our knowledge and belief, that the information provided in this form is true and correct and that we have not withheld any material information relating to our financial dealing with ……..
☐	We are aware that we may be subject to prosecution and criminal sanctions under written law if we are found to have made any false statement which we know to be false or which we do not believe to be true, or if we have intentionally suppressed any material fact.
☐	We hereby authorize a representative of …… to complete the form on our behalf. We certify that we have read the contents of this Corporate Client Information Form and that all entries made are both truthful and accurate to the best of our knowledge. **(if applicable)**

SIGNATURE (Director 1)		**DATE** (DD/MM/YYYY)	
SIGNATURE (Director 2)		**DATE** (DD/MM/YYYY)	

SUPPORTING DOCUMENTS REQUIRED***	
Certificate of incorporation/Registration	
Commercial/Business License	
Articles of Association ***(if applicable)***	
Proof of address (issued in the last 3 months)	
Proof of identity of all directors (Passport, National ID card, Driving License)	
Copy of Registered Particulars of Directors ***(if applicable)***	
Proof of identity of all shareholders holding >10% shares (Passport, National ID card, Driving License/Certificate of Incorporation, Commercial License & Articles of Association for legal entity) ***(if applicable)***	
Proof of identity of all BO (Passport, National ID card, Driving License, Proof of Address) ***(if applicable)***	
Proof of identity of Nominees and Nominator (Passport, National ID card, Driving License, Proof of Address/Certificate of Incorporation, Commercial License & Articles of Association for legal entity) ***(if applicable)***	
Latest audited annual returns ***(if applicable)***	

FOR OFFICIAL USE					
DATE RECEIVED (DD/MM/YYYY)		**CHECKED BY**		**SIGNATURE OF OFFICER:**	

****Note: Copies of documents requested should be certified as true copy of the original by an independent certifier unless the originals were seen at the time of inception/renewal of policy by …… and same will be stated on the copies of the supporting documents. Power of Attorney for individuals acting on behalf of the company/Directors*