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Company Code

**CORPORATE ENTITY**

Company Name  Registration No

Postal Address

Physical Address

Email Address

Country of Incorporation  Website

Brief Description of Business

**CONTACT PERSON**

Title  Full Name(s)

Surname  Nationality

Date of Birth

National ID /  
Passport No.

Capacity / Position  Email

Telephone  Fax

Physical Address

Village / Town / City  Country

**BANKING DETAILS**

Account Name  Account Number

Bank  Branch  Branch Code

## DECLARATION OF BENEFICIAL OWNERSHIP

The Company hereby confirms and declares that as at the date hereof, the following individual(s) is / are the ultimate principal beneficial owner(s) of the Company through ownership in the intermediate or ultimate holding companies:

Full Name	Residential Address	Date of Birth	Nationality	Percentage of ownership (%)

## ANTI-MONEY LAUNDERING AND COUNTER TERRORIST FINANCING REQUIREMENTS

In accordance with the Financial Intelligence Regulations the following documents should be provided for verification:

### Company

- Certificate of incorporation
- Memorandum and Articles of Association (Where applicable)
- Notice of Registered Office and Postal Address
- Identification documents of the person(s) managing the company
- Resolution specifying who is authorised to act on behalf of the company
- Identification document(s) of the person(s) authorised to act on behalf of the company

### Partnerships

- Partnership agreement
- Identification documents of the natural persons who are partners e.g. certified copy of ID / Passport
- Resolution specifying who is authorised to act on behalf of the partnership
- Identification document(s) of the person(s) authorised to act on behalf of the partnership

## DECLARATION

I hereby declare that the details furnished above are true and correct for the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it.

Full Name

Designation / Position

Date         Place

Signature