

KNOW YOUR CUSTOMER FORM	Membership Number
Form last completed D D M M Y Y Y Y	Company Code
1. Corporate Entity	
Company Name	Registration No
Postal Address	Physical Address
Email Address	Country of Incorporation
Website	Brief Description of Business
VAT and income tax registration number:	
2. Contact Person	
Title First name (s)	
Surname	Nationality
Date of Birth D D M M Y Y Y Y	ID/Passport No.
Capacity/Position	Email
Telephone	Fax
Physical Address	
Village/Town/City	Country
3.) Banking Details	
Account Name	Account Number
Bank Branch	Branch Code
Source of funds Turnover of above	ve 1 million Turnover of less than 1 million
4.) Company senior managements information	
Full Name Residential Address Dat	e of Birth Nationality Are you a Prominent Influential Person?



# 5.) 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 (%)	Are you a PIP/PEP?

# 6.) 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)
- Verified 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 Shareholding structure and Certified ID of the Ultimate beneficial owner
- Tax clearance certificate.
- Certified IDs of senior management and Directors

### **Partnerships**

- Certificate of registration
- 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

- Verified notice of registered office and postal address
- Tax clearance certificate
- Certified ID's of senior management and directors

# **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

Full Na	me	ne						Design	Designation/Position													
Date	D	D		М	М		Υ	Υ	Υ	Υ	Place											
Signatu	ıre																					