KNOW YOUR CUSTOMER (KYC): NON-INDIVIDUALS FORM

CORPORATE ENTITY

Custo	mer Type				
	Company		Non-Profit Organisation		Governmental Body
	Other				
Full Na	ame (Legal nar	ne as pe	r official documents)		
Legal ⁻	Гуре				
	Private Joint S Public Joint S Partnership Limited Liabi Company Lir Limited Parti Foreign Oper Foreign Non-	Stock Cor lity Com nited by t nership Co rating Co	pany Dany Shares Dompany Mpany		
Custo	mer Details				
Regist	ration No				
	Date of Inco	rporation			
	Expiry Date (if any)			
Licens	e No. (if any)				
	Issuance Dat	e of Prof	ession License		
	Expiry Date (if any)			
	Regulator/ Is	suing Bo	dy		
Count	ry of Residence	e			
Count	ry of Incorpora	tion			
Websi	te				
Nature	e of Business				
TIN Nu	ımber				
	ct Details and			Conta	act Details and Physical Address
Tal				Tal	

Area			Area		
City			City		
Street		Street	Street		
P.O. Box			P.O. Box		
CONTACT PER	RSON				
Title: Nan	ne(s)	Surnaı	ne		
Date of Birth:	National ID	/Passport No			
Telephone:		Fax:			
Email Address	5:				
Physical Addr	ess:				
Village/Town,	/City:	Countr	у		
BANKING DET	ΓAILS				
Bank Name: Branch:					
Branch Code: Account Number:					
DECLARATIO	N OF BENEFICIAL OWNERSHI	P			
ultimate princ	hereby confirms and declare cipal beneficial owner(s) of thing companies:		,,	• • •	
Full Name	Detailed Residential Address (Area, Street,	Date and Place of Bi	rth Nationality	Percentage of Ownership (%)	

Please note that a Separate Individual KYC Form must be signed by each UBO.

Bldg, Floor, Country)

SHAREHOLDERS

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

Full Name	Detailed Residential	Date and Place of Birth	Nationality	Percentage of
	Address (Area, Street,			Ownership (%)
	Bldg, Floor, Country)			

Please note that a Separate Individual KYC Form must be signed by each Shareholder.

DIRECTORS

The Company hereby confirms and declares that as at date hereby, the following individual(s) is/are the Director(s) of the Company:

Full Name	Detailed Residential	Date and Place of Birth	Nationality
	Address (Area, Street,		
	Bldg, Floor, Country)		

Please note that a Separate Individual KYC Form must be signed by each Director.

AUTHORIZED SIGNATORY(IES)

The Company hereby confirms and declares that as at date hereby, the following individual(s) is/are the Signatory(s) of the Company:

Full Name	Detailed Residential	Date and Place of Birth	Nationality
	Address (Area, Street,		
	Bldg, Floor, Country)		

Please note that a Separate Individual KYC Form must be signed by each Signatory at the Company.

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
- o Certificate of Directors
- Certificate of Shareholders
- Certificate of UBOs

- Notice of Registered Office
- o Memorandum and Articles of Association
- Certificate of Incumbency
- License (if any)
- Identification documents of the person(s) managing the company/ Directors/ UBOs/ Shareholders/ Authorized Signatories
- Proof of Address for the person(s) managing the Company/ Directors/ UBOs/ Shareholders/ Authorized Signatories
- o Resolution specifying who is authorised to act on behalf of the company
- o Identification document(s) of the person(s) authorised to act on behalf of the company
- o Identification document e.g. Certified copy of ID/Passport

Sources of Income*	Sources of Wealth*
Shares Profits	Shares Profits
Main Activities	Main Activities
Real Estate Revenues	Real Estate Revenues
Others (please specify)	Others (please specify)
Country of the Source of Income	
*Source of Income refers to which state the money was earned in. It li *Source of Wealth describes how a client, or their family, has acquired	•
Estimated Net Worth of Assets	
Expected Size of Business	
DECLARATION	
I hereby declare that the details provided above are true and cobelief and I undertake to inform you of any changes therein, imminformation is found to be false or untrue or misrepresenting, I a	mediately. In case any of the above
Authorised Signatory Full Name:	
Designation/Position:	
Authorised Signature:	Date: