



**KNOW YOUR CUSTOMER (KYC): NON-INDIVIDUALS FORM**

**CORPORATE ENTITY**

Company Name:..... Registration No:.....

Postal Address:.....

Physical Address:.....

Email Address:.....

Country of Incorporation:..... Website:.....

Brief Description of Business:.....

.....

**CONTACT PERSON**

Title:..... Name(s)..... Surname.....

Date of Birth:..... National ID/Passport No.....

Telephone:..... Fax:.....

Email Address:.....

Physical Address:.....

Village/Town/City:..... Country.....

**BANKING DETAILS**

Bank Name:..... Branch:.....

Branch Code:..... Account

Number:.....

**DECLARATION OF BENEFICIAL OWNERSHIP**

The Company hereby confirms and declares that as at date hereby, 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
- 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
- Identification document e.g. Certified copy of ID/Passport

**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 provided above are true and correct to 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 misrepresenting, I am aware that I may be liable for it.

Full Name:.....

Designation/Position:.....

Signed:..... Date:.....