

KYC BUSINESS QUESTIONNAIRE

BUSINESS DETAILS	
COMPANY NAME:	DOMICILE/BUSINESS ADDRESS OF COMPANY:
COUNTRY OF INCORPORATION:	DATE OF COMMENCEMENT OF BUSINESS:
LAST DATE OF IBC LICENSE RENEWAL:	VALUE OF TOTAL ASSETS (USD): \$
MAILING ADDRESS:	EMAIL ADDRESS:
TELEPHONE NUMBER:	WEBSITE ADDRESS:
NAME OF REGISTERED AGENT:	REGISTERED AGENT ADDRESS:
ENTITY TYPE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> FOUNDATION <input type="checkbox"/> TRUST <input type="checkbox"/> LLC <input type="checkbox"/> OTHER	

BUSINESS ACTIVITY	
<input type="checkbox"/> ASSET MANAGEMENT <input type="checkbox"/> HOLDING/INVESTMENT FIRM <input type="checkbox"/> MEMBERSHIP CLUBS <input type="checkbox"/> NON-GOV'T/NON-PROFIT ORGN. <input type="checkbox"/> REAL ESTATE BROKERING <input type="checkbox"/> SECURITIES TRADING <input type="checkbox"/> SERVICES PROVIDER/CONSULTANCY <input type="checkbox"/> TRADING OR MANUFACTURING COMPANY <input type="checkbox"/> FOUNDATION/TRUST <input type="checkbox"/> OTHER (PLEASE SPECIFY):	
DETAIL OF MAJOR BUSINESS ACTIVITY :	
LIST OF GOODS TRADED AND/OR SERVICES PROVIDED :	
NAME & LOCATION OF MAJOR SUPPLIERS & CUSTOMERS :	
IS THE BUSINESS ACTIVITY REGULATED: <input type="checkbox"/> YES <input type="checkbox"/> NO INDICATE THE NAME OF REGULATOR :	

SHAREHOLDERS DETAILS					
NAME OF SHAREHOLDERS	NUMBER OF SHARES	TYPE OF SHARES HELD		HAVE BEARER SHARES BEEN LOGGED WITH AGENT	
		REGISTERED	BEARER		
(i)				YES	NO
(ii)				YES	NO
(iii)				YES	NO
(iv)				YES	NO

* PLEASE PROVIDE A COPY OF THE MOST RECENT CERTIFICATE OF GOOD STANDING; & CERTIFICATE OF INCUMBENCY, INCLUDING A LIST OF DIRECTORS/MANAGERS AND SHAREHOLDERS/MEMBERS SIGNED BY REGISTERED AGENT.

ACCOUNT DETAILS	
CONFIRM AND DESCRIBE PURPOSE OF ACCOUNT:	
SOURCE OF FUNDING TO ACCOUNT:	
EXPECTED MONTHLY DEPOSITS (USD): \$	EXPECTED MONTHLY WITHDRAWALS (USD): \$

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KEY PERSONNEL DETAILS	
ROLE: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SIGNATORY	FULL NAME:
EMAIL ADDRESS:	MOBILE NUMBER:
OCCUPATION:	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
TAX COUNTRY:	TAX NUMBER:

ROLE: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SIGNATORY	FULL NAME:
EMAIL ADDRESS:	MOBILE NUMBER:
OCCUPATION:	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
TAX COUNTRY:	TAX NUMBER:

ROLE: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SIGNATORY	FULL NAME:
EMAIL ADDRESS:	MOBILE NUMBER:
OCCUPATION:	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
TAX COUNTRY:	TAX NUMBER:

ROLE: <input type="checkbox"/> SHAREHOLDER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> SIGNATORY	FULL NAME:
EMAIL ADDRESS:	MOBILE NUMBER:
OCCUPATION:	MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED
TAX COUNTRY:	TAX NUMBER:

I/WE CERTIFY THAT THE INFORMATION CONTAINED IN THIS FORM IS TRUE, ACCURATE AND COMPLETE.

NAME

SIGNATURE (DD/MM/YY)