**KYC Identification Form**



|  |  |  |
| --- | --- | --- |
| Corporate Entity |  |  |
| 1 | **Registered Business Name:** |   |
| 2 | **Trading Name (if any):** |   |
| 3 | **Registered Office Address:** |   |
| 4 | **Operating Business address:** |   |
| 5 | **Country of Incorporation:**   | **Entity Type:**  |
| 6 | **Incorporation/RC Number:**   | **Incorporation Date:**  |
| 7 | **Tax Number:**   | **Phone No:**   |
| 8 | **Website:**   | **Email:**   |
| 9 | **Licensed by any Regulatory Agency?** | **Yes: ☐ No: ☐** |
| 10 | **If yes, Name of Regulatory Agency:** |  |
| 11 | **Date of Expiration of License** |  |
| 12 | **Principal Activities of the Company?** |  |
| 13 | **Previous Year Turnover** |  |
| 14 | **Are you Rated; FSR, ICR etc.?** | **Yes: ☐ No: ☐** |
| 15 | **If yes, specify below the rating details:**

|  |  |  |  |
| --- | --- | --- | --- |
| No | Rating Agency | Rating Obtained  | Latest Published Date |
| 1 |  |  |  |
| 2 |  |  |  |

 |
| 16 | **Details of Shareholders having 10% share holdings or more**

|  |  |  |  |
| --- | --- | --- | --- |
| Sn | Shareholder (Individual or Entity) | % of Shares Held | Nationality |
| 1 |  | % of holdings |  |
| 2 |  | % of holdings |  |
| 3 |  | % of holdings |  |
| 4 |  | % of holdings |  |
| 5 |  | % of holdings |  |
| 6 |  | % of holdings |  |
| 7 |  | % of holdings |  |
| \**please continue in a separate sheet if there are still more shareholders with at least 10% holdings* |

 |
| 17 | **Main Source of Revenue:** |  |
| 18 | **Name of External Auditors:** |  |
| 19 | **Any association with Politically Exposed Persons (PEPs):** | Yes ☐ No ☐ |
| 20 | **If yes, please give details of such PEPs, including their roles:** |  |
| 21 | **Countries of Operations** |  |
| 22 | **Name of Parent Company, if any?** |  |
| 23 | **Parent company’s head office location:** |  |
| 24 | **Parent company’s website:** |  |

|  |  |  |
| --- | --- | --- |
| Directors (Principal Executives) | Managing Director or equivalent | Exec. Director or equivalent |
| 1 | **Designation:** |  |  |
| 2 | **Full Name:** |  |  |
| 3 | **Gender:** |  |  |
| 4 | **Nationality:** |  |  |
| 5 | **Years with Company:** |  |  |
| 6 | **Date of Birth:** |  |  |
| 7 | **Country of Birth:** |  |  |
| 8 | **Phone Number:** |  |  |
| 9 | **Email Address:** |  |  |
| 10 | **Residential Address:** |  |  |
| 11 | **Means of Identification:** |  |  |
|  | * **Type**
 |  |  |
|  | * **ID Number**
 |  |  |
|  | * **Issue Date**
 |  |  |
|  | * **Expiry Date**
 |  |  |
|  | * **Issued By**
 |  |  |

**Details of Completing Officer:**

**Name:**

**Designation:**

**Date:**

**Signature or Stamp:**  

**Please confirm the documents attached with the completed form:**

1. *Certificate of Incorporation/Registration attached?* ***Yes ☐ No ☐***
2. *Current Regulatory License attached?* ***Yes ☐ No ☐***
3. *Articles & Memo of Association attached?* ***Yes ☐ No ☐***
4. *Means of ID of Principal Officers attached?* ***Yes ☐ No ☐***
5. *Utility bill verifying business address attached?* ***Yes ☐ No ☐***
6. *Last audited accounts attached?* ***Yes ☐ No ☐***