

CLIENT PROFILE/KYC FORM

COMPANIES, PARASTATALS, EMBASSIES, NGO'S

DATE Account Number

Type of Client Commercial Sole Proprietorship Corporate

1 Applicant's Information

1a Name of Applicant

(Please write complete name as in Certificate of Incorporation/Registration. Please do not abbreviate)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

1b Sector (Please tick)

- | | |
|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> NGO |
| <input type="checkbox"/> Trading Company | <input type="checkbox"/> Conglomerate/Holding Company |
| <input type="checkbox"/> Bureau de Change | <input type="checkbox"/> Maritime |
| <input type="checkbox"/> Gaming/Lottery companies | <input type="checkbox"/> |

Others please specify

2 Contact Details

Name	mobile	e-mail
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 Other Details

3a Mandatory Certified Documents to be submitted (Please tick against documents attached)

i. Company/Corporate body

- | | |
|---|--|
| <input type="checkbox"/> Certificate of Incorporation/Registration | <input type="checkbox"/> Memorandum & Articles of Association |
| <input type="checkbox"/> Resolution of the Board of Directors to open the account | <input type="checkbox"/> Authorized signatories list with specimen signatures |
| <input type="checkbox"/> Valid ID of each signatory to the account | <input type="checkbox"/> Photo ID of each Signatory |
| <input type="checkbox"/> TIN Certificate of the Company/Corporate body | <input type="checkbox"/> Search report on the Company sent to Registrar of Companies |
| <input type="checkbox"/> TIN Certificate of each signatory to the account | <input type="checkbox"/> Valid IDs of all shareholders owning 10% and above |
| <input type="checkbox"/> Source of wealth and Source of funds for UBOs | |

ii. Registered Association/NGOs/Churches/Clubs

- | | |
|--|---|
| <input type="checkbox"/> Cert. Of Registration from Ministry of Internal Affairs OR | <input type="checkbox"/> Certificate from Registrar of Companies |
| <input type="checkbox"/> Constitution/Act/Internal Rules | <input type="checkbox"/> Extracts of Meeting appointing the signatories |
| <input type="checkbox"/> Valid ID of signatories | <input type="checkbox"/> Passport Photo of each signatory |
| <input type="checkbox"/> TIN Certificate of the Registered Association/NGOs/Churches/Clubs | <input type="checkbox"/> TIN Certificate of each signatories |

iii. Embassies /Diplomatic Missions

- | | |
|--|--|
| <input type="checkbox"/> Letter of Accreditation | <input type="checkbox"/> Letter appointing the signatories |
| <input type="checkbox"/> Valid ID of the signatories | <input type="checkbox"/> Passport photos of Signatories |
| <input type="checkbox"/> TIN Certificate of the Embassies /Diplomatic Missions | <input type="checkbox"/> TIN Certificate of each signatories |

iv. Ministries, Government Parastatals

- | | |
|---|--|
| <input type="checkbox"/> Copy of Act setting up the Ministry/Parastatal | <input type="checkbox"/> Authorization from Accountant General |
| <input type="checkbox"/> Resolution of Executive Committee appointing signatories | <input type="checkbox"/> Valid ID and TIN Certificate of the signatories |
| <input type="checkbox"/> Passport Photos of each of the signatories | <input type="checkbox"/> |

CLIENT PROFILE/KYC FORM cont.

3B ACCOUNT BENEFICIARY

- We are the beneficial owners of the funds in the account
 We are holding the funds in the account on behalf of a third party (Please specify)

We are holding the funds in the account on behalf of more than one third party (Please specify)

3c Purpose of Account (Please tick)

- Transactional Investment
 Others (Please specify)

4 ALL DIRECTORS and Signatories NAMES AND CONTACT ADDRESSES (low, medium and high risk customers)

Names	addresses

5 NAMES AND ADDRESSES OF SHAREHOLDERS WITH 10% SHAREHOLDING OR MORE

Names	addresses

6 Description OF Business Operations

7 Subsidiaries & Affiliates

Name	location	nature of Business

8. Source of Wealth and Source of Funds including verification documents.

- Sales Proceeds Trust Funds
 Services Others (Please specify)

9. Indicate if the Applicant belongs to any of the following

Section 1: Level 1 - Low Risk Customers: If the applicant(s) or authorized signatories fall into any of the following categories, tick the appropriate box.

- The applicant is a limited liability company, Non-Governmental Organization(NGOs) or Agency which is not associated with a politically Exposed Person (PEP)
- The applicant does not reside or operate in a high risk country
- The applicant's funding is sourced from normal business activities

Section 2: If the applicant(s) or authorized signatories fall into any of the following categories, tick the appropriate box. If not applicable, kindly ignore section 3.

- The Applicant is a politically Exposed person (PEP) or closely associated with a PEP whose position is _____
- The Applicant resides or operates in a high risk country. (Please see www.oecd.org/fatf for the list of Non Co-operating Countries & Territories and indicate the name of the NCCT country).
- The Applicant receives funding from a high risk country namely _____

Section 3: Complete this section if Applicant answered 'yes' to 1 or more categories in Section 2.

- Business Investments Salary Inheritance
- Other Sources _____

Source of wealth

Estimated Annual Income

NOTE: For applicants completing section 3, the joint approval of Managing Director and the Chief Compliance Officer or their appointees is mandatory

Section 4: Expected

volume of transactions	
Frequency of transactions	
Type of transfers(If applicable)	

CAUTION: Any 'No' answer above must be backed by appropriate comments from the interviewing staff. A superior officer must review this form for completeness and accuracy and approve the account opening. Information on this form must be updated as and when necessary. All evidence supporting approval for this form must be retained for examination by the Central Bank.

Please sketch the location of customer's address on the space below

Address confirmed

Address confirmed by

Signature

Date

Account type

Account manager

Account manager Pc Code

