



KNOW YOUR CUSTOMER: BUSINESS ENTITY

SECTION 1: BUSINESS ENTITY DETAILS

Entity Name: _____

Trading Name: _____

Date of Incorporation: DD MM YY Registration Number: _____

Business Physical Address: _____

Village/Town/ City: _____ Country: _____

Project Postal Address: _____

District: _____ Constituency: _____ Ward: _____

Nature of Business: _____

Mobile Number: _____ Telephone Number: _____

Fax Number: _____ Email Address: _____

Trading License Number: _____ Trading License Validity Dates: _____

Income Tax Registration Number: _____ Income Tax Validity Dates: _____

VAT Registration Number: _____ VAT Registration Validity Dates: _____

SECTION 2: BENEFICIAL OWNERSHIP

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

See Appendix

SECTION 3: SHAREHOLDING STRUCTURE (%OWNERSHIP)

Shareholder Names:	Percentage [%] Ownership

SECTION 4: ENTITY BANKING DETAILS

Bank Name: _____ Account Number: _____

Branch: _____ Account Type: _____

Source of funds: _____ TIN Number: _____

SECTION 5: DATA PRIVACY NOTE

The information collected in this KYC form is required to enable the Agency to comply with applicable statutory requirements such as FIA Act and Anti-Money Laundering (AML) obligations. All personal data provided will be used solely for the intended purpose for customer identification, verification, risk assessment and ongoing regulatory compliance.

We are committed to protecting your privacy and information will be handled confidentially, stored securely in accordance with relevant Data Protection Act and Agency's internal data security policies. By submitting this form, you acknowledge that you understand the purpose for which your data is being collected and consent to its use as described in this note.

SECTION 6: DECLARATION

I hereby declare that the details furnished 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 the above information is found to be false, untrue, misleading, or misrepresenting, I am aware that I may be held liable for it.

Full Name: _____

Date: DD MM YY

Signature: _____

SECTION 7: FOR OFFICIAL USE ONLY

Name of Portfolio Executive: _____

Date: DD MM YY

Signature: _____

Reviewer Name: _____

Signature: _____

Date: DD MM YY

Branch Manager: _____

Signature: _____

Date: DD MM YY

SECTION 8: KYC CHECKLIST OF DOCUMENTS COLLECTED FROM CUSTOMER: (PLEASE TICK (✓) APPROPRIATE BOX)

- a) Proof of Identification for Shareholders, Directors and Beneficial owners
- ☐ Individual KYC form for all shareholders and Directors
- b) Entity Statutory Compliance Verification
- ☐ Certificate of Registration or Incorporation (and extract)
- ☐ Proof of trading license
- ☐ Memorandum & Articles of Association or other similar documentation e.g. constitution, partnership deed etc. evidencing the legal status of the legal person or body corporate; NB: if incorporated after July 2007 a Memorandum and Articles of Association will not be applicable
- ☐ Board Resolution/ Mandate/Extract of Minutes or it's certified copy stating authority to acquire the loan, transact business, and designating persons having signatory authority thereof
- ☐ Tax registration certificate
- ☐ VAT registration certificate
- c) Proof of income
- ☐ Latest financial statements
- ☐ For all other entities/sole traders, twelve months cash flow projections
- ☐ Banks statements (6 months)
- ☐ Bank confirmation letter
- d) Proof of residence
- ☐ Current copy of utility bill in account applicant's names e.g. electricity/water bill/council rates
- ☐ Current tenancy/ lease agreement in the name of account applicant
- ☐ A verifiable letter from the Tribal Administration
- ☐ Current rent receipt in the name of account applicant
- h) Screening (Sanctions & PIP)
- ☐ Verified against UN/Local Sanctions Lists.
- ☐ Verified for Politically Influential Persons (PIP)

Beneficiary #....

Name _____ Residential Address _____

Postal Address _____ ID Number: _____

ID Expiry Date: DD MM YY Date of Birth: DD MM YY

Place of Birth: _____

Mobile Number: _____ Email Address: _____ Percentage of Ownership (%) _____

Employer: _____ Occupation: _____

Status Declarations: (Please tick ☒ appropriate box):

- Living with Disability: ☐ Yes ☐ No
- Prominent Influential Person (PIP): ☐ Yes ☐ No
 - *(Note: If PIP, an additional Enhanced Due Diligences (EDD) form is mandatory)*
- Marital Status: ☐ Single ☐ Married* ☐ Divorced ☐ Widowed ☐

(Note: If married, a separate consent form must be filled out)