|  |
| --- |
| **BUSINESS ENTITY DETAILS** |
|  |
| Name of Business Entity: |  |
|  |
| Date of Incorporation: | D | D | M | M | Y | Y | Registration Number: |  |
|  |
| Physical Address: |  |
|  |
| Postal Address: |  |
|  |
| Nature of Business: |  |

**DECLARATION OF BENEFICIAL OWNERSHIP**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Director | Residential Address | Omang/ Passport No. | Date of Birth | Nationality | Percentage of Ownership (%) |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**BANKING DETAILS**

Bank Name: Account Number:

Branch: Account Type:

Source of funds:

TIN Number:

**SUPPLIER DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Supplier | Physical Address | Postal Address | Country | Contact Details |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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.

**DECLARATION**

Full Name:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y |

Date: Signature:

**FOR OFFICIAL USE ONLY**

Name of Portfolio Executive:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y |

Date: Signature:

**KYC CHECKLIST OF DOCUMENTS COLLECTED FROM CUSTOMER: (Please tick (√) appropriate box)**

|  |
| --- |
| 1. **Certified copies of Identification**
 |
| * Valid National Identity Card for citizens
 |  |
| * Valid Passport (for foreign nationals)
 |  |
| 1. **Copy of Proof of residence**
 |
| * Written confirmation from customer’s employer, educational establishment or prior bank clearly indicating residential address
 |  |
| * Written confirmation from Company Secretary (or equivalent) indicating residential address of signatories/ shareholders/ director(s)
 |  |
| * Police affidavit
 |  |
| * 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
 |  |
| * Current rent receipt in the name of account applicant
 |  |
| * A verifiable letter from the Tribal Administration
 |  |
| 1. **Copy of Proof of source of income**
 |
| * Pay slip or contract letter from employer/confirmation letter
 |  |
| * Financial returns/receipts or audited accounts
 |  |
| * Pension letter or certificate
 |  |
| * Bank Statements
 |  |
| 1. **Locally acceptable documents of identity verification for Legal persons or Corporate Body**
 |
| * Certificate of Registration or Incorporation
 |  |
| * Proof of trading address
 |  |
| * 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
 |  |
| * Latest financial statements
 |  |
| * For all other entities/sole traders, twelve months cash flow projections
 |  |
| * Certificate of Registration or Incorporation
 |  |
| 1. **Locally acceptable documents of identity verification for Partnerships**
 |
| * Partnership Deed
 |  |
| 1. **Locally acceptable documents of Tax registration verification**
 |
| * Tax Clearance Certificate
 |  |
| 1. **Has the supplier been screened against SAP for any business relations with CEDA?**
 |
| **If supplier is a CEDA client, please provide details on association with CEDA, including loan status** |  |

Credit Department Authorisation:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y |

Date: Signature: