

**KNOW YOUR CUSTOMER (KYC) FORM**

# KIC Limited

## KNOW YOU CUSTOMER FORM

1.	<b>Business Partner Type</b> (Insurer/Reinsurer/Reinsurance Broker)	
2.	<b>Company Registration Name</b>	
3.	<b>Legal status of the company</b> (Sole Trader/Partnership/Limited Liability Partnership/Limited Partnership/Private Limited Company/Public Limited/or Other. Please give details).	
4.	<b>Physical Address</b>	
5.	<b>Postal Address</b>	
6.	<b>Country of Incorporation</b>	
7.	<b>Telephone:</b>	<b>Fax:</b>
8.	<b>Company Website:</b>	<b>Company Email:</b>
9.	<b>Company Registration Information</b>	
	Company registration number	
	Date of incorporation	
10.	<b>Legal Form (Tick applicable)</b>	
	Publicly listed	<input type="checkbox"/> If yes, which stock exchange? .....
	Unlisted Company	<input type="checkbox"/>
11.	<b>Regulatory Body</b>	

	Name of Financial Regulatory Authority (FRA)	
	Industry Regulator's Website	
	Regulatory licence number issued by industry regulator	
	<b>Nature of licence (Tick applicable)</b>	
	Permanent <input type="checkbox"/>	
	Temporary <input type="checkbox"/>	Expiry Date
12.	<b>Credit Rating (Financial Strength Rating)</b>	
	<b>Does the company have a credit rating? (Tick applicable)</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Rating Agency	
	Rating	
	Rating Issue Date	
13.	<b>Brief description of business</b>	
	<b>Summary of the company's business activities over the last three (03) years</b>	Turnover
		Results
	<b>Name and address of External Auditor</b>	<b>Name and surname</b>
		<b>Address</b>
	<b>Bank Account details</b>	<b>Bank name</b>
		<b>Account Number</b>
		<b>No. IBAN</b>
		<b>SWIFT Code</b>
		<b>Currency</b>

		<b>Branch code</b>		
		<b>Bank country</b>		
14.	<b>Details of Shareholders who own more than 10% of issued shares of the company</b>			
	Shareholder Name	Individual/Corporate Entity	Country of residence/ Incorporation	% Shareholding
15.	<b>Beneficial Ownership Details</b> <i>“Beneficial owner” refers to the natural person(s) who ultimately owns or controls trusts, holding companies or other ownership vehicles that hold a direct shareholding in the entity completing this form. The definition also includes those persons who exercise ultimate effective control over a legal person or arrangement.</i>			
	<b>Full Name</b>	<b>Residential Address</b>	<b>Nationality</b>	<b>% Ownership</b>
16.	<b>Director details.</b>			
	<b>Name</b>	<b>Country of Residence</b>	<b>Nationality/ID</b>	
17.	<b>Senior Management of the Company.</b>			

	Name	Position
18.	<b>Politically Exposed Persons (PEP's)</b> A "Politically Exposed Person" is an individual who is or has been entrusted with a prominent public function. Such people include Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations and important political party individuals.	
	<b>Are there any Politically Exposed Persons within the Shareholders, Beneficial Owner and Board of Directors of the Company? (Tick Applicable)</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, kindly complete below:	
	<b>Full Name</b>	<b>Position Held</b>
19.	<b>Source of funds of the company.</b> Please describe the company's main sources of income.	
20.	<b>Has your company appointed a Designated Compliance Officer or MLRO for Anti Money Laundering (AML)/Combating Financial Terrorism (CFT) purposes?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If YES, kindly provide the officer's details below for future references (if any).	
	<b>Name</b>	
	<b>Email address</b>	
	<b>Telephone number</b>	
<b>ANTI-MONEY LAUNDRERING AND COUNTER-FINANCING OF TERRORISM (AML/CFT)</b>		

<b>GENERAL POLICIES, PRACTICES AND PROCEDURES OF AML/CFT</b>			
<b>1</b>	<b>QUESTIONNAIRE</b>	<b>Answer (Yes or No)</b>	<b>Please give reasons if answer is « No » or N/A »</b>
1.1	Is the company required by law to implement AML/CFT procedures?		
1.2	Does the company have Anti-Money Laundering (AML) policies and procedures in place?		
1.3	Are these policies and procedures approved by the company's Board of Directors or specialized Committee?		
1.4	Do these policies document the process in place to prevent, detect and report suspicious transactions?		
1.5	Do these policies cover relationships with Politically Exposed Persons (PEPs), their relatives?		
1.6	Does the company have an internal or external audit function that assesses AML/CFT policies and practices on a regular basis?		
1.7	Does the company have procedures for keeping the information collected in accordance with the law?		
1.8	Are the company's AML/CFT policies and practices applied to all branches, subsidiaries and/or representative offices in both the country of origin or any location where it operates?		
1.9	Does the company's AML/CFT cover all businesses and customers?		
1.10	Does the company have policies to ensure that it will do business with only those companies that possess licenses to operate in their countries of origin and it will do business with companies that have similar AML/CFT standards?		
<b>KNOW YOUR CUSTOMER AND DUE DILIGENCE TO BE CONDUCTED FOR THE PREVENTION AND DETECTION OF SUSPICIOUS TRANSACTIONS</b>			
<b>2</b>	<b>QUESTIONNAIRE</b>	<b>Answer (Yes or No)</b>	<b>Please give reasons if answer is « No » or N/A »</b>
2.1	Does your company have procedures to establish a record for each new customer noting their respective identification documents and "know your Customer" information?		

2.2	Does the company have an obligation to collect information about the business activities of its customers?		
2.3	Does the company have a process to review and, where appropriate, update client 'KYC' information?		
2.4	Does the company have policies or practices for reporting transactions that need to be brought to the attention of the relevant authorities?		
2.5	Does the company screen customers and transactions against sanctions lists?		
<b>COMPLIANCE WITH TAX AND SOCIAL LAWS</b>			
	Does the company comply with all applicable tax and social laws in the jurisdictions in which it is registered and those in which it operates?		
21.	<p><b>Kindly provide us with the following documents required for AML/CFT purposes.</b></p> <p><b>Natural Persons (Tick or cross check box to confirm submission)</b></p> <p>1. Identification document eg certified copy of ID/Passport</p> <p><b>Companies</b></p> <p>2. Certificate of incorporation <input type="checkbox"/></p> <p>3. Memorandum and Articles of Association <input type="checkbox"/></p> <p>4. Confirmation of registered office and postal address <input type="checkbox"/></p> <p>5. Identification documents of person(s) managing the company <input type="checkbox"/></p> <p>6. Resolution specifying who is authorised to act on behalf of the company <input type="checkbox"/></p> <p>7. Identification document(s) of person(s) authorised to act on behalf of the company <input type="checkbox"/></p> <p>8. Last 3 years audited financials (AFs), including the latest one. <input type="checkbox"/></p> <p>9. Confirmation of bank details on company letterhead signed by CFO <input type="checkbox"/></p> <p><b>Partnerships</b></p> <p>1. Partnership agreement <input type="checkbox"/></p> <p>2. Identification documents of the natural persons who are partners eg certified copy of ID/Passport <input type="checkbox"/></p> <p>3. Resolution specifying who is authorised to act on behalf of the company <input type="checkbox"/></p>		
22.	<p><b>By signing this form, I the undersigned:</b></p> <p>1. Confirm that the content of this form is true and accurate at the date of submission to Klaption Insurance Company Limited.</p> <p>2. Declare on behalf of the company, that the documents submitted for identification are original and all the particulars given are true and correct.</p> <p>3. Confirm that being fully authorised to act on behalf of the company, hereby certify that all payments of whatever form made to Klaption Insurance Company Limited will be made from the company's own legitimate sources of income.</p> <p>4. I also agree that Klaption Insurance Company Limited has the right to cancel the transaction/agreement if it is discovered that sources of funds were illegitimate in</p>		

	<p>character, or any incorrect information mentioned in this form can render the agreement void at the option of the Corporation.</p> <p>5. Confirm that if there are any material changes in the ownership, control and other significant details provided herein, I shall promptly inform Klaption Insurance Company Limited AML/Compliance department of any such changes and provide the requisite documentation.</p> <p>6. Neither the company, its principal executives, its relatives, authorized employees, agents or representatives have committed the following acts in the course of their activities:</p> <ul style="list-style-type: none"> <li>• they did not pay bribes, promised to pay such, offered to pay or authorized such a payment ;</li> <li>• they have not made any payment in violation of a law in force, promised, proposed or authorized such a payment, and they have not entered into an agreement to that effect ;</li> <li>• they did not propose or give a valuable object in order to influence someone’s decisions;</li> <li>• they did not threaten a person, property or reputation of a person in order to win or retain an unfair business or advantage.</li> <li>• neither the company nor its principal executives, relatives, or representatives have committed any acts of corruption, fraud, coercion, collusion, obstruction or unethical acts in relation with the company's activities;</li> <li>• neither the company nor its principal executives, affiliated or related entities have been subject to sanctions from the United Nations, States, groups of states or international institutions ;</li> <li>• neither the company, its principal executives, its relatives, their principal executives, its affiliated entities have been convicted or investigated for unethical acts;</li> <li>• information contained in this form is true, accurate and up-to-date.</li> </ul>	
	<b>Signature</b>	
	<b>Full Name</b>	
	<b>Position within the company</b>	
	<b>Date</b>	
	<b>Place</b>	
	<b>Company Stamp/Seal</b>	