

Corporate Client KYC Information Verification Sheet

Please complete all sections in block letters. This document is for identity verification and record-keeping purposes.

1. Corporate Entity Details

| | |
|--|----------------------|
| Full Legal Entity Name: | <input type="text"/> |
| Trading Name / Doing Business As (if different): | <input type="text"/> |
| Company Registration Number: | <input type="text"/> |
| Country of Incorporation: | <input type="text"/> |
| Date of Incorporation (DD/MM/YYYY): | <input type="text"/> |
| Legal Entity Type (e.g., LLC, PLC, Partnership): | <input type="text"/> |
| Tax Identification Number (TIN) / LEI: | <input type="text"/> |

2. Registered Address and Contact Details

| | |
|---|----------------------|
| Registered Office Address: | <input type="text"/> |
| Principal Place of Business (if different): | <input type="text"/> |
| Corporate Telephone Number: | <input type="text"/> |
| Official Corporate Email Address: | <input type="text"/> |
| Company Website URL: | <input type="text"/> |

3. Business Activity and Source of Wealth

| | |
|--|----------------------|
| Industry / Business Sector: | <input type="text"/> |
| Detailed Description of Business Activity: | <input type="text"/> |
| Primary Source of Corporate Funds: | <input type="text"/> |
| Countries of Operation / Major Markets: | <input type="text"/> |

4. Key Personnel & Ultimate Beneficial Owners (UBO)

Provide details of individuals holding 25% or more ownership or voting rights, and key directors.

Key Representative / Authorized Signatory

| | |
|-------------------------------------|----------------------|
| Full Name: | <input type="text"/> |
| Job Title / Relationship to Entity: | <input type="text"/> |
| ID / Passport Number: | <input type="text"/> |

Ultimate Beneficial Owner (UBO) 1

| | |
|---------------------------|----------------------|
| Full Name: | <input type="text"/> |
| Ownership Percentage (%): | <input type="text"/> |
| Nationality: | <input type="text"/> |

Ultimate Beneficial Owner (UBO) 2

| | |
|------------|----------------------|
| Full Name: | <input type="text"/> |
|------------|----------------------|

Ownership Percentage (%):

Nationality:

5. Client Declaration

I hereby certify that the information provided on this verification sheet is true, accurate, and complete to the best of my knowledge.

Name of Authorized Signatory:

Signature (To be signed on printout):

Date of Declaration (DD/MM/YYYY):

6. Internal Verification Use Only

Verified By (KYC Officer Name):

Verification Date:

KYC Status (Approved/Pending/Rejected):

Risk Rating Assessment (Low/Medium/High):