KNOW YOUR CLIENT FORM

A. INTRODUCTION

To assist us in meeting our regulatory obligations, please complete this form, sign and return together with the requested supporting documents.

Please contact our Compliance Officer (compliance@sfa-congo.com) or your usual SFA Congo contact should you require any clarification or assistance in relation to the completion of this Form. SFA Congo shall be entitled to retain this Form indefinitely for its internal record keeping purposes.

All information provided in this Form will only be used for the purposes of considering the establishment of the business relationship the strictest confidentiality will be observed at all times.

The completion of this Form does not place any obligation on both parties to enter into a new business relationship.

B. COMPANY IDENTITY DETAILS

Legal Name *(please indicate complete name as per Trade License)*	
Trading Name *(if different from legal name)*	
Registration Number	
Company's Registered Business Address	
Company Contact Details (phone, email, website)	
Brief description of the company's business activities *(please list principal activities and nature of business)*	

C. Details of Senior Management

Please list below the following details of your company's Senior Management, clearly specifying where this information is derived from: *(please continue on a separate sheet if necessary)*

Name	Function

D. Details of Beneficial Owners (< 5%)

Please list all persons / entity(ies) who hold indirectly 5% or more of the Company's shares *(please continue on a separate sheet if necessary)*

Shareholder's name	% of shares held	Nationality/Date of Birth Country of Incorporation

E. Company Documentation

	YES	NO	COMMENTS *If answer is "NO" or "N/A", please provide an explanation*
*Articles of Association (or foreign equivalent)	☐	☐	
*Certificate of Incorporation (or foreign equivalent)	☐	☐	
Commercial Registration and Trade License Details	☐	☐	
Proof of Regulation (certificate or copy of the regulator's website showing the entity is regulated)	☐	☐	
Current Professional Indemnity Insurance Certificate	☐	☐	
Latest Audited Financial Statements/Annual Return	☐	☐	
Copy of VAT registration (if applicable) or Tax number	☐	☐	

F. Declaration

Société anonyme avec conseil d'administration au capital social de dix millions de dollars américains (USD 10.000.000) • Siège social : Boulevard du 30 Juin, n° 134, Commune de la Gombe, Kinshasa (RDC) • N° d'agrément ARCA : 12002 • N° RCCM : CD/KNG/RCCM/17-B-00917, N° Id. Nat. : 01-62-N22581Y Tél. : +243 817300155 - +243 817300166 • E-mail : contact@sfa-congo.com • Website : www.sfa-congo.com

I/We hereby confirm that the above-mentioned information and statements are true and correct to the best of knowledge of the undersigned. I/We undertake to inform you of any changes therein immediately. In case of any of the above information is found to be false, misleading or misrepresenting, I'm/ We are aware that I/We may be held liable for it.

I hereby provide SFA Congo unambiguous consent to process, share and transfer my "personal data" to any recipient whether inside or outside the country, including but not limited to., Reinsurers, business partners and/or Insurance Broker where the transfer or share of such personal data is necessary for: (i) the performance of my policy; (ii) for the compliance with the applicable laws and regulations or (iii) assisting SFA Congo in the development of its business.

AUTHORISED SIGNATORY'S NAME	
DESIGNATION/TITLE	
SIGNATURE	
DATE	
COMPANY STAMP	

CADRE RESERVE A LA SFA
Partie réservée au Directeur responsable hiérarchique du gestionnaire de ce compte (Direction Technique, Commerciale ou des Intermédiaires, selon le cas) : Êtes-vous favorable à l'entrée en relation ? ☐ Oui ☐ Non o Si votre réponse est non, veuillez indiquer la raison : …… Le client a-t-il fourni toutes les informations et documents requis avant l'entrée en relation ? (ex : questionnaires d'assurance dûment complété, propositions d'assurances signées, etc) ☐ Oui ☐ Non o Si votre réponse et non, veuillez obtenir les documents manquants Date et Signature **Partie réservée au Compliance Officer – Avis et observations :** Date et Signature

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