

KNOW YOUR CLIENT FORM

A. INTRODUCTION

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

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 AND FINANCIALS DETAILS

1. Legal Name: _____
2. Trading Name (if different to above): _____
3. Registration Number: _____
4. Tax Registration No.: _____
5. Company's Registered Business Address : _____
6. Date and Place of Incorporation: _____
7. Brief description of the company's business activities (please list principal activities and nature of business):

8. Company Compliance/Legal Officer (please include full name, designation, contact details):

9. Company Source of Funds: _____

C. DETAILS OF COMPANY SHAREHOLDERS (>5%)

Please list details of your company's shareholders, both **individuals** and **companies**, clearly specifying where this information is derived from. **All shareholdings of above 5% must be provided** (please continue on a separate sheet if necessary)

| Shareholder's name (any Shareholder holding 5% or more of the Company's shares) | % of shares held | Nationality/Date of Birth |
|---|------------------|---------------------------|
| | | |
| | | |
| | | |

D. DETAILS OF BOARD OF DIRECTORS (IF APPLICABLE)

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

| Name | Designation | Date of Birth | Nationality |
|------|-------------|---------------|-------------|
| | | | |
| | | | |
| | | | |

E. 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)

1. _____
2. _____
3. _____

F. COMPANY DOCUMENTATION

| | COMMENTS | | |
|---|--------------------------|--------------------------|--|
| | YES | NO | <i>If answer is "NO" or "N/A", please provide an explanation</i> |
| *Articles of Association | <input type="checkbox"/> | <input type="checkbox"/> | |
| *Certificate of Incorporation (or foreign equivalent) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Commercial Registration and Trade License Details | <input type="checkbox"/> | <input type="checkbox"/> | |
| Proof of Regulation (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Latest Audited Financial Statements/Annual Return | <input type="checkbox"/> | <input type="checkbox"/> | |
| Copy of VAT registration (if applicable) | <input type="checkbox"/> | <input type="checkbox"/> | |

G. DECLARATION

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.

Date: _____

Authorised signatory's name: _____

Designation/title: _____

Signature: _____

Company stamp