

KYC - Account Application Form

BUSINESS INFORMATION			
Company Registered Name:			
Country of Establishment:		Date of Incorporation:	
Trade License Number:			
VAT/TIN Number:			
Issuing Authority:			
No. of Subsidiaries (if any):			
Office Tel No:		Office Fax No:	
Email Address:			
Registered Address:			
Mailing Address:			
Company Website:			

BUSINESS ACTIVITY			
Type of business activity (please mark below):			
<input type="checkbox"/> Precious Metal Traders	<input type="checkbox"/> Refinery		
<input type="checkbox"/> Wholesaler/ Manufacturer	<input type="checkbox"/> Exporter	Retailer (Jewellery) <input checked="" type="checkbox"/>	
<input type="checkbox"/> Investment Company	<input type="checkbox"/> Other		
No. of Employees within the company:			
<input type="checkbox"/>	<input type="checkbox"/> Jewellers Association	LBMA <input type="checkbox"/>	
Members of:	DED <input type="checkbox"/>	None <input type="checkbox"/>	
Method of Payment:			
Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>	Transfer <input type="checkbox"/>	

BENEFICIAL OWNER(S)

(Holds 10% or more of the share capital, please print another page if needed)

BENEFICIAL OWNER 1	
Name:	Percentage Holding:
Date of Birth:	Nationality:
Mobile Number:	Email Address:
Current Home Address:	
Permanent Address (In Home Country):	
Please provide information on your source of wealth:	
PEP (Politically Exposed Person): <input type="checkbox"/> Yes <input type="checkbox"/> No	
BENEFICIAL OWNER 2	
Name:	Percentage Holding:
Date of Birth:	Nationality:
Mobile Number:	Email Address:
Current Home Address:	
Permanent Address (In Home Country):	
Please provide information on your source of wealth:	
PEP (Politically Exposed Person): <input type="checkbox"/> Yes <input type="checkbox"/> No	
BENEFICIAL OWNER 3	
Name:	Percentage Holding:
Date of Birth:	Nationality:
Mobile Number:	Email Address:
Current Home Address:	
Permanent Address (In Home Country):	
Please provide information on your source of wealth:	
PEP (Politically Exposed Person): <input type="checkbox"/> Yes <input type="checkbox"/> No	

MANAGEMENT STRUCTURE				
Name (Please Provide information and passport copies if other than Beneficial Owners)	Position (Board of Directors or Management)	Designation (i.e., Managing Director, General Manager etc.)	Nationality	Date of Birth
PRINCIPAL CONTACT(S) & PERSON WHO WILL OPERATE THE ACCOUNT				
Name (Please Provide information and passport copies if other than Beneficial Owners)	Country of Residence	Designation (i.e., Managing Director, General Manager etc.)	Nationality	Date of Birth
BANK INFORMATION				
This account will be used as the settlement bank account and the cheque issued by Kursi Investments Limited will be accorded to the account name below, unless otherwise instructed by Client.				
Account Name:				
Account Number:		Currency:		
		NGN USD GBP		
Bank:		Swift Code		
Bank Branch Code:		Bank Code		
TRADE REFERENCES / COMPANY / IES YOU WORKED WITH (Minimum of 2)				
Name		Country of Incorporation		

SPECIMEN SIGNATURE

BENEFICIAL OWNER 1	
Name:	Signature:
BENEFICIAL OWNER 2	
Name:	Signature:
BENEFICIAL OWNER 3	
Name:	Signature:
AUTHORIZED SIGNATORY 1 (If other than owner, please provide supporting documents)	
Name:	Signature:
AUTHORIZED SIGNATORY 2 (If other than owner, please provide supporting documents)	
Name:	Signature:
AUTHORIZED SIGNATORY 3 (If other than owner, please provide supporting documents)	
Name:	Signature:

DECLARATION OF SOURCE OF FUNDS

I/We understand that I/we am/are required to declare the source of funds that I/we will be using for the purpose as stated in this application as a part of KURSI INVESTMENTS LTD requirement to open an account.

I/We understand the requirements of the Resolution and all relevant laws on Anti Money Laundering and Combating the Financing of Terrorism and do hereby undertake that the source of funds/metals are acquired from legitimate sources and evidences of such is available if needed or as requested. I/We do hereby undertake that the funds/metals do not originate from any sanctioned country/entity/person/s from the United Nations and other relevant sanction programs.

I/We hereby declare that all information provided are true and correct.

Owner / Authorized Signatory Name:	Date:
Signature:	Stamp:

COMPLIANCE QUESTIONNAIRE

1. Has your company established written policies and procedures designed to combat "Money Laundering" (ML) and the "Financing of Terrorism" (FT) and are these policies and procedures applicable to all your branches, subsidiaries and	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Do you have a compliance officer and/or compliance function responsible for coordinating / monitoring compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
- If yes, please give the name and contact details of your Compliance officer in your institution.	
*Full Name: *Mailing Address: *Email:	<i>Kindly note that the information requested for the fields denoted with * is mandatory.</i>
2. Please tick where applicable to confirm that your AML/CFT policy and procedures include the following:	
- Client identification and verification	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Not dealing (engaging into transactions and/or entering into with anonymous clients)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
- Identifying clients' source of funds	<input type="checkbox"/> Yes <input type="checkbox"/> No
- Monitoring of transactions so that unusual activity can be altered, detected and reported	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments on your response:	
3. Does your company maintain records on client identification, client files and correspondence and cooperate with local authorities so as to permit investigations of suspicious activities as well provide, if necessary, evidence for prosecution of criminal behaviour?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do your procedures require retention of relevant records. And if yes for how long?_____Years	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Do all your relevant staff regularly train on your own AML/CFT policies and procedures and on the requirement of local laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Does your company have a policy of protecting your employees if they report, in good faith, any suspicious activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Do you screen your clients and suppliers against sanctioned names as notified by competent authorities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Do you have a policy and procedures for independent audit or testing of your AML/CFT of your AML/CFT compliance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does your company delegate to third parties some of the compliance functions to be carried out? If yes, what function and which company do you delegate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION	
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By signing this form, I hereby declare that the information provided is true and that all documents submitted along with the KYC documents are genuine. Further, I hereby undertake to promptly inform KURSI in writing of any changes in the information provided herein and agree that KURSI is neither responsible nor liable for any losses or activity performed on the basis of the information provided. I also agree to provide any additional information or documentation that may be required from time to time by KURSI or its authorized agents and representatives.

AUTHORIZED SIGNATORIES

Name of Authorized Signatory (As indicated in Individual's Passport):		
Title/Designation:		
Date:		
Passport Number:		
Nationality:		
Signature:		

REQUIRED DOCUMENTS

1. Valid Trade License – Minimum of 3 months before expiration	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Company Registration Documents - Memorandum of Association (and necessary amendments, if any) - Articles of Incorporation - Shares Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Passport Copy / Visa Page of the following: - Beneficial Owners / Shareholders - Authorized Signatory/ies - Person/s who will operate the account	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Latest Utility Bill or Tenancy Contract of the following: - Registered Address (as per the license) - Office/Principal Address (primary address where the business activity is performed)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Board Resolution – stating the intention to open an account and its purpose, with information of the person who will operate the account.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Duly Completed Application Form – Initials on each page	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Bank Letter of Good Standing and/or Trade Reference Letter - please submit at least one	<input type="checkbox"/> Yes <input type="checkbox"/> No

IMPORTANT INFORMATION

Kindly send the scanned copies of the required documents to kursiinvestments@yahoo.com for the initial assessment. We will advise you when to send notarized copies or present original for verification.

- We only accept documents in English Language.
- The list above are basic minimum requirements, we may request for additional supporting documents if deemed necessary during the account opening procedure.
- Please be informed that documents and information including the company, shareholders, beneficial owners, and person/s who will operate the account are processed and checked against the World-Check database and other third-party due diligence software and service providers as part of account opening/disclosed to auditors or any regulatory bodies in case requested and to satisfy the KYC obligations.

For further assistance and clarification, please contact the Kursi Investments Ltd by phone at (+234) 8030555556 or by email at kursiinvestments@yahoo.com