**DUE DILIGENCE FORM FOR INDIVIDUALS**

**Before completing this form, please refer to Appendix “A” hereto**

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| **SECTION 1: PERSONAL DETAILS** |
| **NAME/SURNAME:**(As it appears on identification documents) |
| **MIDDLE NAME:** |
| **OTHER NAMES:**(Are you today known by any other names?) |
| **DATE OF BIRTH:** |
| **GENDER:** |
| **NATIONALITY:**(If you have a dual nationality please specify) |
| **MARITAL STATUS:** |
| **PASSPORT NUMBER:****COUNTRY OF ISSUE:****EXPIRY DATE:** |
| **IDENTITY CARD NUMBER:****COUNTRY OF ISSUE:****EXPIRY DATE:** |
| **PROFESSION:**(Describe your professional background) |
| **CURRENT OCCUPATION:**(Describe in detail the area of your main business activities)  |
| **EMPLOYER’S NAME:** |
| **BUSINESS PARTNERS:**(Provide names and countries of the main business partners of your current business, their field of activities) |
| **DOMESTIC OR FOREIGN POLITICAL EXPOSED PERSONS (FATF rec.12):**(Are you or any related person (close relative or associate) holding or held any Public Position, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations and important political party officials? If yes, please specify.) |
| **COMPLIANCE WITH U.S. Foreign Account Tax Compliance Act (FATCA):**-Are you a US National? If yes, have you submitted your Tax Return Forms? |

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| **SECTION 2: CONTACT DETAILS** |
| **PERMANENT RESIDENTIAL ADDRESS**: |
| **BUSINESS ADDRESS:** |
| **CORRESPODENCE ADDRESS** |
| **HOME TELEPHONE:** |
| **BUSINESS TELEPHONE:** |
| **MOBILE NO.:** |
| **EMAIL ADDRESS:****FAX NO.:** |

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| **SECTION 3: SOURCE OF CAPITAL/ASSETS/INCOME** |
| **Please provide information as to the source of your capital/assets/income:** |
| **ANNUAL INCOME**: |

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| **SECTION 4: DOCUMENTS CHECKLIST** |
| **In addition to this form, please submit the following:** |
| 1. Passport copy (certified true copy by a Notary Public, Embassy, Consulate or High Commission, or Apostille)
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| 1. Proof of current residential address, such as an original utility bill not more than (3) three months old
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| 1. Original reference(s) from a professional (e.g. Attorney or Accountant) and/or from a Bank
 |
| 1. Curriculum Vitae (CV)
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By signing this form you confirm and declare that:

1. You must have not been engaged in or have benefited from criminal conduct in any part of the world and funds which are subject to the proposed arrangement do not wholly or in part directly or indirectly represent the proceeds of criminal conduct.
2. The information given hereunder and in the documents requested hereby is to the best of your knowledge true and accurate as at the date hereof, and should there be any changes in the information so provided you undertake to promptly advise our law firm of the same in writing.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Appendix “A”**

This form must be completed and signed by each natural person who is:

1. Involved in the ownership chain, which begins with the intended owners of the shares in the Company and ends with all ultimate beneficial owners leading up to natural person(s) or a publicly quoted company, whether in the capacity of a (i) registered/direct shareholder and/or (ii) intermediate beneficial owner or (iii) ultimate beneficial owner of the Company, and which includes all individuals more than 10% shareholding in a corporate entity in the ownership chain, or (iv) individual providing significant capital, financial support, influence or control to the Company or any other entity in the ownership chain.
2. A director or other officer and/or authorized signatory or who will control, manage or direct the management of the Company.