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| **KNOW YOUR CUSTOMER (KYC) FORM** | | | | |
| **STRICTLY CONFIDENTIAL** | | | | |
| **No.** | **Particulars** | **Details** |  |  |
| 1 | Full Name of the Customer\* |  | | |
| 2 | Legal Status | Individual | Company | Partnership |
| Others | | | | |
| 3 | Permanent Address |  | | |
|  | | | | |
|  | | | | |
| 4 | Business/Trading Address |  | | |
|  |  |  | | |
|  |  |  | | |
| 5 | Contact Details of Customer |  | | |
|  | 1. Contact Person |  | | |
|  | 1. Tel: Main Office |  | | |
|  | Direct Number |  | | |
|  | Mobile |  | | |
|  | 1. Fax |  | | |
|  | 1. E-mail |  | | |
|  | 1. Website |  | | |
|  | 1. Contact details of employee responsible for compliance/ money laundering (if any) |  | | |
|  |  |  | | |
| 6 ID No./Registration No. | | | | |
|  | | | | |
| 7 | TIN No. (if applicable) |  | |  |
| 8 | Purpose and Nature of Transaction to be undertaken |  | | |
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| 9 | **In case of Individual** |  |  |
|  | 1. Nationality | |  |  | | --- | --- | |  |  |      |  |  | | --- | --- | |  |  |   YES NO | |
|  | 1. Occupation or Profession |
|  | 1. Name of Establishment or Employer |
|  |  |
|  | 1. Location of activity |
|  | 1. Is the Individual a Politically Exposed Person (PEP)\*\*? |
|  | 1. Date of Birth |
|  |  |
| 10 | **In case of company and Others** |
|  | 1. City & Country of Incorporation |  | |
|  | 1. Date of Incorporation |  | |
|  | 1. What is the principal business/activity of the Customer? |  | |
|  |  |  |  |
| 11 | **Is the Customer acting on behalf of another Person?** | YES | NO |
|  | If Yes, please provide details of Beneficial Owner(s) |  |  |
|  | 1. Name of Beneficial Owner(s) |  | |
|  | 1. ID No. /Registration No. |  | |
|  | 1. TIN No. (if applicable) |  | |
|  | 1. Domicile Country |  | |
|  | 1. If Beneficial Owner(s) is an Individual, then |  |  |
|  | 1. Nationality |  | |
|  | 1. Is the Individual a Politically Exposed Person (PEP)\*\*? | YES | NO |
| 12 | Regulatory Status | Independent Regulator | Non-Independent Regulator |
|  |  | Unregulated |  |
| 13 | Name of Regulator (if any) |  | |
| 14 | Name of Stock Exchange (if Listed) |  | |
| 15 | Source of Fund |  | |

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| 16 | If a Holding company, name of any other subsidiaries/branches/associated companies |  | |
|  |  |  |  |
|  | 1. If not, Group Company (if any) |  | |
|  | 1. If business activities are conducted in more than one country, please state other country names |  | |
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| |  |  | | --- | --- | | 17 | **Additional document required** | | *Please submit the certified copies\*\*\* and tick (* *) against the documents attached* | | |  | 1. **Individual: -**  ID Card/Passport/Driving License Proof of Domicile Country\*\*\*\* | |  | 1. **Company: -** Company Registration (CR) List & Passport copies of Authorised Signatories | | List of Major Shareholders List & Proof of Domicile Country\*\*\*\* of Directors | | | *Major Shareholders: -Shareholders who, directly or indirectly, owns or controls more than 5% of the shares or voting rights* | | |  | 1. **Partnership: -** Certificate of Registration Partnership Deed | | List & Passport copies of Authorised Signatories List & Proof of Domicile Country\*\*\*\* of Partners | | |  | 1. **Any other Legal Person: -** Registration Document List & Passport copies of Authorised Signatories   List of the Individuals/Entities who ultimately owns, or exercises effective control over such person | | List & Passport copies of Authorised Signatories List of Major Beneficiaries | | | *Major Beneficiaries: -Beneficiary who is to receive at least 25% of the fund.* | | | | | |
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| \*Customer means any person seeking or having a business relationship or carry out a one-off transaction with SPF. This include employers, employees, tenants, investment counterparts and buyers of assets.  \*\*Politically Exposed Person (PEP) is one who has been entrusted with a prominent public function.  \*\*\*Certified copies of documents clearly signed, stamped and dated by any of the following: - | | | |
| (1) A representative of an embassy, consulate or high commission of the country; or  (2) A lawyer or attorney; or | | | |
| (3) A notary public or commissioner of oaths; or  (4) A chartered or certified accountant. | | | |
| The date of signatory should not be older than 3 months. | | | |
| Copies of certified copies is not acceptable. | | | |
| \*\*\*\*Any document to show the residential address like utility bill (not older than 3 months), tenancy agreement, etc. | | | |
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| **Declaration** | | |
| I/We hereby confirm that the above information provided to you is true and correct to the best of our knowledge. I/We acknowledge that if the information provided is found to be false or misleading then the business relationship may be annulled anytime at your discretion. I/We hereby agree to provide any additional information/documentation that may be required. | | |
| Date: - | |  |
|  | | Signature of Authorised Signatory |
|  | | |