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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
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 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 |
|  |