

COMPLIANCE

KYC FORM

1. Company Details	
1. Registered Company Name	
2. Previous Name of the Company (if applicable)	
3. Company's Legal Status (proprietorship/partnership/corporation/others)	
4. Parent/Group/Holding Company's Name (if Applicable)	
5. Registered Address	
6. P.O. Box	
7. Is the Company classified as a PEP ** (Politically Exposed Person) or SOE (State Owned Enterprise)?	PEP / SOE <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> No <input type="checkbox"/>
8. Company Legal Form (Please tick one of the 6 options)	DNFBP's Real Estate Agents <input type="checkbox"/> Trust & Legal Arrangement <input type="checkbox"/> DNFBPs Dealers of Precious Metals/Stones <input type="checkbox"/> DNFBPs Trust & Company Service Providers <input type="checkbox"/> Non-Profit Organisation <input type="checkbox"/> Others (Specify) <input type="text"/> <input type="checkbox"/>

2. Contact Details - Primary	
	Business <input type="checkbox"/> Finance <input type="checkbox"/>
1. Name	
2. Department & Business Title	
3. Telephone Number (Extension) and Mobile Number	
4. Email ID	



3. Details of CEO or Senior Management ***				
Name (Full Name Including Surname)	Designation	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes / No)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

4. Details of Board of Directors				
Name (Full Name Including Surname)	Designation	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes / No)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

5. Details of Shareholders (holding 10% and above)				
Name (Full Name Including Surname)	% of shares held	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes / No)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Details of Ultimate Beneficial Owner ****				
Name (Full Name Including Surname) - Should be a natural person	% of shares held	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes / No)
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>



7. Additional Information

1. Are you represented by a broker?
If yes, please specify the name of the broker

Yes ☐ No ☐

2. Are you VAT registered?
If yes, please mention the VAT Number

Yes ☐ No ☐

3. Have you/any of your subsidiaries ever had a policy from Sukoon in the past 5 years?
If yes, please provide the reference(s) of the entities/subsidiary with previous established relationship with Sukoon (if applicable)

Yes ☐ No ☐

Year	Entity Name	Phone Number

8. Compliance

1. Does the Company have procedures to comply with corresponding **Anti Money Laundering** and **Counter Terrorist Financing Legislation** including **United Nation Sanctions** in own country?
If no, what are the steps the company is taking to comply with the requirements?

Yes ☐ No ☐

2. **Conflict of Interest** Please confirm if, to the best of your knowledge, are you aware of any actual, perceived or potential conflict of interest that will or may arise as a result of your/your organisation's involvement in the aforementioned/proposed transaction.
If you have selected "There is a Conflict", Please explain the conflict:

There is No Conflict ☐
There is Conflict ☐

3. **Source of Fund**
(please specify as to from where your Entity derives its funds from)

9. Bank Account Details

1. Bank Account Title

2. Bank Branch and Address

3. IBAN #

4. Swift Code

Note 1: Sukoon reserves the right to cancel or alter the credit facility agreement, limits and/or credit period at its sole discretion;

Note 2: In case of non payment within agreed terms/limits, Sukoon reserves the right to:

- suspend/hold or block the account;*
- reduce or withdraw the credit facility;*
- OFFSET/ADJUST claims or any other payable balances against the unpaid premiums.*

10. Authorisation

I, the undersigned, hereby authorise:

- Sukoon to use any of its approved verification agencies to make further inquiries from any available source of information, or any person or entity to enquire and assess the financial position of our company;
- Oman Credit & Financial Information Centre (Mala'a) to prepare an electronic copy of the company's Credit Report and email it to the creditcontrol@sukoon.com whenever requested by Sukoon. I am aware of and accept on my responsibility all risks resulting from sending documents by email;
- Sukoon, at any time and at its absolute discretion, to obtain from and/or to use and/or disclose the particulars and information provided in this form and/or even otherwise known to Sukoon including any breach of obligations or defaults from/to any other entity, individual, organisation, institution or financial institutions or banks, debt collection agencies or credit bureaus;
- To disclose your details (including personal data) to our relevant third parties/reinsurers/service providers as may be applicable, whether in or outside the Oman. and to store and/or process such data/information directly or indirectly within or outside the Sultanate of Oman.

11. Attachments

Printed signed and stamped copy of this form

Copy of Commerical License ☐

Copy of VAT Certificate ☐



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12. Declaration

We hereby confirm that we are duly established with authority ('Registration Authority') and that based on the Registration Authority rules and regulations, we have only been issued with the following documents as part of the formation of our company.

(Please tick as applicable and please share the applicable documents along with the KYC form)

Memorandum of Association ☐ Articles of Association ☐ Other Document ☐
(Please Specify):

By submitting this form, you attest and attain that you are authorised to complete this form on behalf of your organisation, that the information provided is correct and true to the best of your knowledge and you are not aware of any circumstances that you have not disclosed to us which might influence our assessment ; and I/we undertake to inform you of any material alteration or addition to these statements or particulars which occurs. Falsifying any information or incomplete form will result in rejection of the application by Sukoon.

Date (dd/mm/yyyy)

Authorised Company Signature

Company Stamp

<input type="text"/>	<input type="text"/>
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There mandatory fields are questions that must be answered before the form can be submitted.

- ** Politically exposed persons are Natural persons who are or have been entrusted with prominent public functions in the State or other foreign country.
- *** For the purpose of senior management, please mention the names who holds power of attorney.
- **** Ultimate Beneficial Owner is a natural person(s) who owns or exercises effective ultimate control, directly or indirectly over the entity.