

**KYC FORM**

(Legal Entity)

This form is to be completed by the client and requires the provision of accurate, complete and up-to-date information relating to the legal entity.

1. Entity Identification Details

Registered Name of the Entity:	
Trading Name (if different):	
Legal Form:	☐ Private Company ☐ Public Company ☐ Partnership ☐ Trust ☐ Foundation ☐ Other: _____
Registration Number:	
Date of Incorporation:	
Country of Incorporation:	
Registered Office Address:	
Principal Place of Business (if different):	

Please attach:

- Certificate of Incorporation
- Memorandum and Articles of Association
- Certificate of Registered Address

2. Contact Information

Telephone:	
Email:	
Website (if any):	
Location where the Entity's accounting and corporate records are maintained:	Full Address: Name of the record keeper:

3. Business Activity

Nature of Business / Main Activities:	
Principal Markets / Countries of Operation:	

4. Ownership & Control Structure

Please provide the following information regarding all direct and indirect shareholders of the Entity (individuals and legal entities):

Full Name/ Registered name	Date of Birth/ Date of incorporation	Place of Birth/ Place of Incorporation	Nationalities	ID no./ Reg. no.	Residential Address / Registered Address	Percentage Shareholding	Direct/ Indirect

Please provide the following information regarding each Ultimate Beneficial Owner (UBO) of the Entity:

Full Name	Date of Birth	Place of Birth	Nationalities	ID no.	Residential Address	Percentage Shareholding

Please attach:

- Schematic ownership structure up to the company's UBOs
- Certificate of shareholder(s) for the Entity and all Entity's corporate shareholders
- Trust declarations with all UBOs (if applicable)
- Certified copy of the ID of each shareholder, who is a natural person
- Recent (dated within last 3 months) proof of Residential Address of each shareholder, who is a natural person

5. Directors / Key Management

Please provide the following information regarding all Directors and Officers of the Entity:

Full Name/ Registered name	Date of Birth/ Date of incorporation	Place of Birth/ Place of Incorporation	Nationalities	ID no./ Reg. no.	Residential Address / Registered Address	Office

Please attach:

- Certificate of director(s)
- Certified copy of the ID of each director, who is a natural person
- Recent (dated within last 3 months) proof of Residential Address of each director, who is a natural person

6. Economic Profile

Main Source(s) of Income: (e.g. trading, services, investments, holding activities)	
Expected Annual Turnover Range:	☐ Less than €100,000 ☐ €100,000 – €500,000 ☐ €500,001 – €1 million ☐ €1 million – €5 million ☐ Over €5 million
Main Source(s) of Funds	

Please attach:

Latest available financial statements/management accounts/accounting data

7. Incoming and Outgoing Funds

Origin of Incoming Funds	
Country (ies):	
Business Partner(s):	
Expected Annual Frequency:	
Expected Annual Volume, €:	

Destination of Outgoing Funds	
Country (ies):	
Business Partner(s):	
Expected Annual Frequency:	
Expected Annual Volume, €:	

8. Bank Accounts

Does the Entity maintain bank accounts?	☐ Yes ☐ No		
If "Yes" please provide the following details:	Bank Name	Country	Account Purpose

9. Tax Residency

Country(ies) of Tax Residence:	
Tax Identification Number(s):	
If no TIN, please explain:	

Please attach:

Latest available tax declaration (if applicable)

10. US Tax Reporting Requirements

Is the Entity considered a US Person or subject to US tax reporting (FATCA)?	☐ Yes ☐ No
<i>If "Yes", please provide Entity's US TIN:</i>	
Does the Entity receive US-sourced income or hold US assets?	☐ Yes ☐ No
<i>If "Yes", please provide a brief description:</i>	

11. PEP & Legal Proceedings

Are any UBOs, directors, or persons exercising control: a) Politically or economically exposed persons (PEPs)? b) Currently involved in, or previously subject to, criminal proceedings?	☐ Yes ☐ No ☐ Yes ☐ No
<i>If "Yes" to either, please provide details:</i>	

12. Expected Nature of Relationship with Firm

Purpose of Engagement:	☐ Accounting / Bookkeeping ☐ Tax Advisory / Compliance ☐ Payroll Services ☐ Other: _____
Expected Level and Type of Transactions:	

13. DECLARATION

I hereby declare that the information provided to VALCORE ACCOUNTING SERVICES LTD is true, complete, and accurate to the best of my knowledge. I undertake to notify the Firm promptly of any material changes.

I also consent to the Firm collecting, processing, verifying, and sharing this information as required for AML, CTF, FATCA, and other regulatory compliance purposes.

Signature: _____ Capacity of Signatory: Director/Authorised Signatory

Name / Surname: _____ Date: ____ / ____ / ____

Attachment checklist

- ☐ Memorandum and Articles of Association
- ☐ Certificate of Incorporation
- ☐ Certificate of Registered Address
- ☐ Certificate of shareholder(s) for the Entity and all Entity's corporate shareholders
- ☐ Certificate of director(s)
- ☐ Trust declarations with all UBOs (if applicable)
- ☐ Schematic ownership structure up to the company's UBOs
- ☐ Certified copy of the ID of each shareholder, who is a natural person
- ☐ Recent (dated within last 3 months) proof of Residential Address of each shareholder, who is a natural person
- ☐ Certified copy of the ID of each director, who is a natural person
- ☐ Recent (dated within last 3 months) proof of Residential Address of each director, who is a natural person
- ☐ Latest available financial statements/management accounts/accounting data
- ☐ Latest available tax declaration (if applicable)

FOR INTERNAL USE ONLY

I hereby declare that VALCORE ACCOUNTING SERVICES LTD has taken all reasonable steps, in accordance with its internal policies and regulatory obligations, to verify the information provided by the client.

Where appropriate, these steps have included reviewing supporting documents, conducting PEP and sanctions checks, and confirming details with the client to ensure accuracy and completeness.

Name / Surname: _____

Position / Title: _____

Date: ____ / ____ / ____