

**KYC FORM**

(Individual)

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

1. Personal Information

Full Legal Name:	
Previous/Other Names (if applicable):	
Date of Birth:	
Nationality (ies):	

2. Contact Information

Residential Address:	
Telephone/Mobile:	
Email:	

Please attach:

Recent (dated within last 3 months) proof of Residential Address indicated above.

3. Identification Verification

ID Document Type:	☐ Passport ☐ National ID Card ☐ Other: _____
ID Number:	
Issuing Country:	
Date of Issue:	
Expiry Date:	

Please attach:

Certified copy of ID Document indicated above.

4. Economic Profile

Occupation / Job Title:	
Employer / Business Name:	
Nature of Business / Activities:	
Source of Income: (e.g. employment, investment, etc.)	
Annual Income Range:	☐ Less than €20,000 ☐ €20,000 – €50,000 ☐ €50,001 – €100,000 ☐ €100,001 – €250,000 ☐ €250,001 – €500,000 ☐ Over €500,000
Source of Wealth: (e.g. employment, investment, etc.)	
Size of Wealth Range:	☐ Less than €100,000 ☐ €100,000 – €500,000 ☐ €500,000 – €1 million ☐ €1 million – €5 million ☐ Over €5 million
Structure of Wealth:	Please indicate the main asset category(ies) representing the majority of your wealth: ☐ Cash / Bank Deposits ☐ Residential Property ☐ Commercial Property ☐ Listed Securities / Investment Funds ☐ Business Interests / Shareholdings ☐ Pensions / Insurance Products ☐ Cryptoassets ☐ Other: _____

Please attach:

- Reference Letter from Bank/Accountant/Auditor/Lawyer
- Recent CV

5. Incoming and Outgoing Funds

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

5. Incoming and Outgoing Funds (continued)

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

6. Tax Residency

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

Please attach:

Recent Tax Declaration.

7. US Tax Reporting Requirements

Are you a U.S. tax resident (green card holder or meets substantial presence test)?	☐ Yes ☐ No
<i>If "Yes", please provide your US TIN:</i>	
Do you receive any income from the US?	☐ Yes ☐ No
<i>If "Yes", please indicate the type(s) of income:</i>	
Do you hold any US bank accounts or financial assets or US real estate or other real assets?	☐ Yes ☐ No
<i>If "Yes", please provide a brief description:</i>	

8. PEP & Legal Proceedings

Are you, or any person connected to you, a public figure or a politically/economically exposed person (PEP)?	☐ Yes ☐ No
<i>If "Yes", please provide details:</i>	

8. PEP & Legal Proceedings (continued)

Are you currently involved in, or have you been subject to, any criminal proceedings?	☐ Yes ☐ No
<i>If "Yes", please provide details:</i>	

9. Expected Nature of Relationship with Firm

Purpose of Engagement:	☐ Accounting / Bookkeeping ☐ Tax Advisory / Compliance ☐ Payroll Services ☐ Other: _____
Expected Level and Type of Transactions:	
Nature of Services:	Please indicate whether the services will be provided: ☐ Directly to you as an individual (e.g., personal financial statements, personal tax filings) ☐ To a company or entity of which you are a shareholder or beneficial owner (e.g., corporate accounting, corporate tax filings) ☐ Both

10. DECLARATION

I hereby declare that the information set out in this form, which I have provided to VALCORE ACCOUNTING SERVICES LTD, Cyprus Reg. No. HE 468803 ("the Firm"), is true, complete, and accurate to the best of my knowledge.

I also consent to the Firm:

1. collecting, storing, and processing my personal data for the purposes of client onboarding, regulatory compliance, anti-money laundering (AML) and counter-terrorist financing (CTF) checks, and ongoing monitoring of the business relationship;
2. verifying the information I have provided, including conducting identity, PEP, sanctions, and other relevant checks;
3. sharing my information with regulatory authorities or other third parties where required by law, regulation, or professional guidance.

I acknowledge that I will promptly notify the Firm of any material changes to the information provided.

Signature: _____ Capacity of Signatory: UBO

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

Attachment checklist

- ☐ Certified copy of ID Document
- ☐ Recent (dated within last 3 months) proof of Residential Address
- ☐ Reference Letter from Bank/Accountant/Auditor/Lawyer
- ☐ Recent CV
- ☐ Recent Tax Declaration

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: ____ / ____ / ____