

### Declaration of Beneficial Ownership

This form has been issued under the Customer Due Diligence Rule No 1 of 2016 issued in terms of the Section 2(3) of the Financial Transactions Reporting Act of 2006. This form, or an approved equivalent, is required to be completed by all customers of financial institutions designated under the Acts to the best of their knowledge. The original completed and signed and witnessed version of this form must be retained by the financial institution and available to the competent authorities upon request.

Please tick (✓) in the boxes as appropriate.

#### Customer Identification:

|  |  |
|--|--|
| Name and Designation of Natural Person Opening Account   |  |
| Name, Reg. No. and Address of Legal person for Which the Account is Being Opened               |  |
| Name, Deed No., Trustee and Address of Legal arrangement for Which the Account is Being Opened |  |

#### I declare that I:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | am the beneficial owner * of the customer for this account.   |
| <input type="checkbox"/> | am not the beneficial owner of the customer of this account. Complete identifying information for all beneficial owners that own or control 10% or more of the customer's equity, beneficial owners on whose behalf the account is being operated, and at least one person who exercises effective control of the legal entity regardless of whether such person is already listed. |

\*beneficial owner as "a natural person who ultimately owns or controls a customer or the person on whose behalf a transaction is being conducted

And Includes the person who exercises ultimate effective control over a person or a legal arrangement."

| Name | NIC or Passport # /Country of Issue/ Country of Citizenship | DOB | Current Address | Source of Beneficial Ownership (1=Equity (indicate %), 2=Effective Control, 3=Person on Whose Behalf Account is Operated) | Check if Politically Exposed Person (PEP) ** |
|------|---|-----|-----------------|---|--|
|      |   |     |                 |   | <input type="checkbox"/>                     |
|      |   |     |                 |   | <input type="checkbox"/>                     |
|      |   |     |                 |   | <input type="checkbox"/>                     |
|      |   |     |                 |   | <input type="checkbox"/>                     |
|      |   |     |                 |   | <input type="checkbox"/>                     |
|      |   |     |                 |   | <input type="checkbox"/>                     |

**Details of the Customer Authorized to Act on Behalf of Entity**

Name :

NIC/Passport :

Date of Birth

Signature (By signing you attest to the veracity of all information contained herein and you acknowledge and understand the above warning)

**\*\* politically exposed person" means an individual who is entrusted with prominent public functions either domestically or by a foreign country, or in an international organization and includes a Head of a State or a Government, a politician, a senior government officer, judicial officer or military officer, a senior executive of a State owned Corporation, Government or autonomous body but does not include middle rank or junior rank individuals**

***Verification of Beneficial Ownership*****Authorized Financial Institution Official**

Name :

Title :

Date :

Signature and Seal:  
(by signing, you attest that you have identified the Customer whose signature is on this form and have witnessed said signature)