

## HOLLARD MOÇAMBIQUE KYC FORM

This Hollard KYC questionnaire was prepared in accordance with the Law n. 14/2023 of 28th of August 2023 and its respective guidelines issued by the Insurance Regulator.		
Date:		
<b>1. COMPANY INFORMATION</b>		
<b>COMPLETE THIS SECTION OF REQUIRED INFORMATION</b>	<b>VERIFICATION DOCUMENTS REQUIRED</b>	
Full Legal Name:	Trading Name (if different from Registered name):	
Registered address:	<p><b>Copies of these documents to be provided:</b></p> <p>Recent version of the certificate of incorporation or equivalent registration form  Articles of Association of the Company published at the Government Gazette  Operation Licence  Tax Number Document</p> <p><b>Documents which reasonably verify the required residence information such as:</b>  A utility bill; or Municipal rates and taxes invoice or electricity or water bill;  account or bank statement (0 - 3 months old)  (At least one required)</p>	
Business address: *OR, if it operates from multiple addresses, address of office seeking to establish business relationship/ enter into transaction AND address of Head office		
Mail address:		
Telephone number:		Website:
Fax number:		Cellphone number of the contact Person:
Email address:		
Unique Legal Entity Number:		Tax identification number/NUIT:
Legal Entity Type:		
Economic activity:		Economic Group Classification Code:

Social Object and Business Purpose:		
Object and nature of the business relationship, including the Insurance products requested and/or currently used by the Customer:		
Is the Customer a State owned or Public Sector Legal Entity?	Yes No	
Does the Customer appear to pose an overall low risk of ML/TF?	Yes No	(The answer to this question is YES if: i) The Customer does not operate in a ML/TF High Risk Industry <sup>1</sup> , ii) The Customer is not located in a High Risk Jurisdiction <sup>2</sup> , iii) The Customer type is not considered High Risk for ML/TF purposes <sup>3</sup> and iv) The products requested by the Customer are considered Low Risk <sup>4</sup> )
<p><b>To verify<sup>5</sup> the Customer's name and business address the following documents documents are required:</b></p> <ul style="list-style-type: none"> <li>• Certificate of incorporation or equivalent registration form</li> <li>• Articles of Association of the Company published at the Government Gazette</li> <li>• Operation Licence</li> </ul> <p><b>To verify the Customer's Unique Legal Entity Number as well the Tax Registration the following documents are required:</b></p> <ul style="list-style-type: none"> <li>• Document issued by the registry of Legal Entities</li> <li>• Tax Registration Form or Tax Card</li> </ul>		

<sup>1</sup> Please refer to Annex VII "High Risk Industries" of Hollard's AML/CTF Procedures

<sup>2</sup> Please refer to Annex VI "High Risk Jurisdictions" of Hollard's AML/CTF Procedures

<sup>3</sup> Please refer to Annex V "High Risk Customer/Entity type" of Hollard's AML/CTF Procedures

<sup>4</sup> Please refer to Annex III "Low Risk Non-Life Insurance Products" of Hollard's AML/CTF Procedures

<sup>5</sup> The Customer's identity can be verified after the establishment of the Business Relationship if the Customer appears to pose an "overall" low risk of ML/TF

**2. SHAREHOLDING INFORMATION (NOT APPLICABLE FOR LISTED COMPANIES)<sup>6</sup>**

Please provide details of all shareholders owning 20% or more of the Customer's capital

Full name/ Companies name	Registration / ID / Master's reference number (foreign nationals specify nationality):	Operating address or Registered address:	Telephone number: Fax number: Email address

**To verify the identity of the Customer's shareholders the following documents will be requested:**

- Natural Person: Valid ID document or driver's licence or passport
- Local Companies: Certificate of Incorporation, registration or equivalent, and Notice of registered office and postal address
- Foreign Companies: Official document issued by an authority for recording company information in that country bearing the name & address
- Listed Companies: Proof of Listing on relevant securities exchange - official documentation or printout/electronic import from exchange website
- Partnership: The Partnership agreement
- Trusts: Trust Deed (foreign) local: Letters of Authority and Trust Deed
- Other Legal Entities: Document equivalent to the ones mentioned above

<sup>6</sup> If the shareholding is held by natural person this section does not need to be completed as the information is captured in section 4 of the KYC Form

### 3. AUTHORISED REPRESENTATIVES / PRINCIPAL EXECUTIVE OFFICERS INFORMATION

Please provide the information in respect of ALL authorised Customer representatives (Persons) instructing Hollard and/or authorised to act on behalf of the Customer)

Full name	DOB	ID	Address	Phone and email address

**To verify the identity of the Customer's Legal Representative the following documents will be requested:**

- Identity Document, Passport or Drive's Licence
- Resolution or Power of Attorney or Certificate of Registration of the Directors

We declare that the information above is true, updated and correct.

Full Name of Authorized Signatory	
Company Seal/Stamp	
Signature	

\*To be completed by Hollard

#### 4. ENHANCED DUE DILIGENCE

(This section applies to High Risk Customers or any Customer who, regardless of the CRR, has been identified as requiring EDD)

**The Compliance Department may request the collection of any other information deemed necessary to address risks presented by the specific High-Risk Customer such as:**

- Source of any assets over and above what is expected to be accumulated through the Customer's profession/occupation or business activity
- Description of the Customer's products and services, trade area, and location of business activities, primary suppliers, vendors, other counterparties and their location
- Anticipated transactional activity, including the value, frequency, geography, and types of transactions
- Source of funds used to finance the Insurance Policy

**Non-face-to-face transactions, including the ones executed through the use of new technologies:**

- Certification by competent Authorities of the identification documents presented by the Customer
- Additional documents that complement the information requested from presential Customers
- Direct contact with the Customer
- Presentation of a third party through an intermediary that performs Customer due diligence
- Payment of Insurance premiums through a bank account opened under the Customer's name

**Non-face-to-face transactions, including the ones executed through the use of new technologies:**

- Identification of the nature of the PEP's position/office
- Identification of the PEP's duties
- Information concerning the PEP's access to significant government assets/funds
- Identification of the PEP's occupation or source of income (i.e., how the PEP covers living expenses)
- Information concerning the source of the assets and funds involved in the business relationship and respective transactions  
If the PEP is a family member of the individual entrusted with prominent public function, identification of the relationship to said individual

#### 5. OTHER INFORMATION (ONLY WHEN REQUESTED BY HOLLARD)

(This section applies to High Risk Customers or any Customer who, regardless of the CRR, has been identified as requiring EDD)

<b>FINANCIAL STRENGTH RATING</b>	
Current Security Rating	
Please attach	
Rating Agency	
<b>INFORMATION FROM FINANCIALS</b>	
Latest Annual Financial Statement Available?	
Please provide a copy of latest Audited Annual Financial Statement	
Period of Annual Financial Statement	
Gross Written Premium with currency for Insurers/Reinsurers	
Name of Statutory Auditor, if applicable	
<b>BANKING DETAILS</b>	
Bank Name	
Currency	
Account Number	
SWIFT Code	
Branch Code	
Bank Name	
Currency	
Account Number	
SWIFT Code	
Branch Code	
(Attach bank confirmation details on letterhead)	
<b>OTHER DETAILS</b>	
Please attach a copy of current Professional Indemnity Insurance Policy	
Please attach the company profile	
Please attach the code of conduct / Compliance Policy of the company, if applicable	

Date	
Broker	Direct
Entity:	
Name and capacity of person completing this form:	
Contact Number:	
Signature:	