

HOLLARD MOÇAMBIQUE KYC FORM

This Hollard KYC questionnaire issued by the Insurance Regula		lance with the Law n. 14/	2023 of 28th of August 20	023 and its respective guidelines	
Date:					
1. INDIVIDUAL CUSTOMER IN	FORMATION				
Full Legal Name:					
Date of Birth:		Gender: M F		Valid Documents:	
Naturality		Nationality		Identity Card (National Individual Customers) Passport or DIRE (Foreign Individual Customers)	
Affiliation	Drivers licence, Voting Card Birth Card or Birth Certificate (Minors) or equivalent public document, considered by Hollard to be sufficient and presented by those demonstrating having the power to legitimately contract on				
ID Type and Number	Place of Issua	Place of Issuance Date of Issuance the Minors beha Minors			
NUIT	Marital Statu	s and Regime	Marriage Certificate (National Individual Customers) or equivalent public document if a		
Residential Address:	·			Foreign Individual Customers	
	Water, energy or other invoice that contains the address; or Neighborhood Declaration; or				
Mail Address (if different than	the Residential Address):		Identity card; or other accepted by Hollard	
Telephone number:		Email address:			
2. Source of income Source and amount of Funds: r	efers to the origin of the	entire body of wealth			
Employed		Savings		Company profits	

HOLLARD MOÇAMBIQUE COMPANHIA DE SEGUROS S.A.R.L. | HOLLARD VIDA COMPANHIA DE SEGUROS S.A. Tel: + 258 21 357 700 | Fax:+ 258 21 313 115 | Cell: +258 82322 9910 / +258 84322 9910 | info@hollard.co.mz Av. Sociedade de Geografia n° 269, Edifício Hollard 1º andar, Maputo, Moçambique.

Hollard. seguros

Employer Occupation required for confirmation: Type of Contract Monthly Net Salary Letter from the employer attesting employment relationship, profession, type	Self Employed (a self-declaration to be provided)		Sale of shares	Dividends from investments
Employer Occupation The following documents ar required for confirmation: Type of Contract Monthly Net Salary Letter from the employer attesting employment relationship, profession, type contract and net monthly sal What is the purpose of the Business Relationship with Hollard (including products requested) POLITICALLY EXPOSED PERSON (PEP) Please indicate the details of any person with in that holds a position of influence through their prominent position and is more susceptible being involved in bribery or corruption. PEPs includes the roles held by a head of state, a head of government, government ministers, senior or public servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials, members the legislature and senior management (currently or within the past 2 years). Yes No	Others:			
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	Please indicate the details of any pe being involved in bribery or corrupt or public servants, senior judicial or	erson with in that h ion. PEPs includes military officials, s	the roles held by a head of state, a h senior executives of state owned corp	ead of government, government ministers, senior civil
		the information b	elow	
Position:	Position:			
Institution:	Institution:			

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

Signature	
Date	

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*To be completed by Hollard

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's occupation is not associated with a ML/TF High Risk Industry ¹ , ii) The Customer is not located in a High Risk Jurisdiction ² , iii) The Customer type is not considered High Risk for ML/TF purposes ³ and iv) The products requested by the Customer are considered Low Risk ⁴)
3. ENHANCED DUE DILIGENCE		
(This section applies to High Risk Custor	mers or any Custo	omer who, regardless of the CRR, has been identified as requiring EDD)

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 ¹ Please refer to Annex VII "High Risk Industries" of Hollard's AML/CTF Procedures
 ² Please refer to Annex VI "High Risk Jurisdictions" of Hollard's AML/CTF Procedures
 ³ Please refer to Annex V "High Risk Customer/Entity type" of Hollard's AML/CTF Procedures
 ⁴ Please refer to Annex III "Low Risk Non-Life Insurance Products" of Hollard's AML/CTF Procedures



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 de 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

Politically Exposed Persons

- 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

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

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