

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:		
1. COMPANY INFORMATION		
COMPLETE THIS SECTION OF REQUIRED INFORMATION		VERIFICATION DOCUMENTS REQUIRED
Full Legal Name:	Trading Name (if different from Registered name):	<p>Copies of these documents to be provided:</p> <p>Recent version of the certificate of incorporation or equivalent registration form</p> <p>Articles of Association of the Company published at the Government Gazette</p> <p>Operation Licence</p> <p>Tax Number Document</p> <p>Documents which reasonably verify the required residence information such as:</p> <p>A utility bill; or Municipal rates and taxes invoice or electricity or water bill; account or bank statement (0 – 3 months old)</p> <p>(At least one required)</p>
Registered address:		
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the Customer appear to pose an overall low risk of ML/TF?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>(The answer to this question is YES if: i) The Customer does not operate in a ML/TF High Risk Industry¹, ii) The Customer is not located in a High Risk Jurisdiction², iii) The Customer type is not considered High Risk for ML/TF purposes³ and iv) The products requested by the Customer are considered Low Risk⁴)</p>
<p>To verify⁵ the Customer's name and business address the following documents documents are required:</p> <ul style="list-style-type: none"> • Certificate of incorporation or equivalent registration form • Articles of Association of the Company published at the Government Gazette • Operation Licence <p>To verify the Customer's Unique Legal Entity Number as well the Tax Registration the following documents are required:</p> <ul style="list-style-type: none"> • Document issued by the registry of Legal Entities • Tax Registration Form or Tax Card 		

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

⁵ 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) ⁶ 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 drivers 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

⁶ If the shareholding is held by natural person this section does not need to be complete 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 Drivers 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 filled 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 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

5. OTHER INFORMATION (ONLY WHEN REQUESTED BY HOLLARD)	
FINANCIAL STRENGTH RATING	
Current Security Rating	
Please attach	
Rating Agency	
INFORMATION FROM FINANCIALS	
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	
BANKING DETAILS	
Bank Name	
Currency	
Account Number	
SWIFT Code	
Branch Code	
Bank Name	
Currency	
Account Number	
SWIFT Code	
Branch Code	
(Attach bank confirmation details on letterhead)	
OTHER DETAILS	
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 <input type="checkbox"/> Direct <input type="checkbox"/>
Entity:
Name and capacity of person completing this form:
Contact Number:
Signature: _____