**Know Your Counterparty (KYC) Form**

*Sample Form*

**Section 1 – Type of Business (check all that apply)**

☐ Jewellery Manufacturer ☐ Rough Trader/Broker ☐ Gem Cutting/Polishing

☐ Jewellery Retailer ☐ Other (please provide full details)

**Section 2 – General Information**

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| **For Legal Entities**  |
| Full Legal Name of Business: |
| Account Number: |
| Type of Organization (Select all that apply): |
| ☐ Proprietorship | ☐ LLC |
| ☐ Corporation | ☐ Other (please provide full details) |
| Year established: | Country of Incorporation: |
| Tax I.D. number: | Unique Taxpayer Reference (UTR):  |
| Business License/Registration number or Government issued ID: | Type of address: ☐ Office  ☐ Residence |
| Address (P.O. boxes are NOT acceptable addresses):Office/Flat Number:Street number and name:  | City:  |
| Zip Code: | Country: |
| Previous Address (if applicable): | Fax: |
| Telephone: | Email: |
| Website address: |  |

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| --- |
| **For Individuals**  |
| Full Name & Surname:  |
| Account Number: |
| Identification number:  | Unique Taxpayer Reference (UTR): |
| Tax I.D. number: | Date of Birth: |
| Citizenship: | Country of Permanent Residence: |
| Address (P.O. boxes are NOT acceptable addresses):Office/Flat Number:Street number and name:  | City:  |
| Zip Code: | Country: |
| Type of address: ☐ Office  ☐ Residence | Previous Address (if applicable): |
| Fax:  | Telephone: |
| Email:  | Website address: |
| Employer: | Occupation: |

**Section 3 – Proof of Identification[[1]](#footnote-1)**

|  |  |
| --- | --- |
| ☐ Certified articles of incorporation | ☐ Identification Document |
| ☐ Unexpired government-issued business license | ☐ Passport  |
| ☐ Partnership agreement or trust instrument | ☐ Latest utility bill  |
| ☐ W-9 | ☐ Tax Identification Number  |
| ☐ Drivers’ license | ☐ Other (please specify) |

**Section 4 – Ownership & Management Information**

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| Please provide the full name, ownership interest and nature of ownership of any person or legal entity that, directly or indirectly, owns, controls or has voting power of 25% or more of share or any class of securities in your institution).  |
| **Name** | **Ownership interest (percentage)** | **Nature of ownership (direct/indirect)** |
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| If any of the owners listed above is a legal entity as opposed to a person, please list the names of the shareholders of the legal entity, and their ownership interest in the legal entity.  |
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**Section 5 – Banking Information**

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| --- | --- |
| Bank Name: | Address (P.O. boxes are NOT acceptable addresses):Office/Flat Number:Street number and name: |
| City: | State/Province: |
| Country: | Telephone: |
| Account number: | Bank Account Officer: |
| Banking Account Officer telephone number: | Banking Account Officer email address: |

**Section 6 – Trade references**

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| **Trade Organizations of Which You are a Member (Please list the association for which you have memberships)** |
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List at least three trade references (contact name, business name and telephone number):

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| 1. |
| 2. |
| 3. |
| 4. |

**Section 7 – Anti–Money Laundering (AML) Controls and Assessment**

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| **Controls and Assessment**  |
| 1. Does your company have an AML Compliance Program? | ☐ Yes ☐ No |
| 2. If yes, please provide the name and contact information of an AML officer. | Name: Title: Phone:Fax:Email address: |
| 3. Does your company do business with politically exposed person(s)?If the Answer is yes, please provide an explanation.[\*\*\*For individuals:] Do you do business with politically exposed person(s)?If the Answer is yes, please provide an explanation. | ☐ Yes ☐ No☐ Yes ☐ No |

**Section 8 – Legal Sanctions**

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| --- | --- |
| Has your company ever been investigated, prosecuted or fined for failure to comply with the USA PATRIOT Act of 2001, or any anti–money laundering and anti–terrorist financing legislation?If the Answer is yes, please provide an explanation or summary of the event. | ☐ Yes ☐ No |
| [\*\*\*For Individuals] Have you ever been investigated, prosecuted or fined for failure to comply with USA PATRIOT Act of 2001, or any anti-money laundering and anti-terrorist financing legislation?(If the Answer is yes, please provide an explanation or summary of the event) | ☐ Yes ☐ No |

**Section 9 – AML/KYC Certification**

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| I, [**NAME AND SURNAME**], certify that I have read and understood this Form, that the statements made herein are complete and correct, and that I am authorized to execute this Form on behalf of [**NAME OF YOUR COMPANY**] |

**Section 10 – Form Completion**

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| **This Form Was Completed By:** |
| Name: |  |
| Position: |  |
| Address: |  |
| Telephone: |  |
| E-mail: |  |
| Signature |  |
| Date: |  |

1. Please provide clear and visible copy of the applicable forms of identification. If you are filling out this form as an individual, please provide at least one valid identity document. If you are filling out this form on behalf of a business, please provide all listed company documents that apply, as well as: the identity document of a company representative. [↑](#footnote-ref-1)