

KYC FORM

1. Client

	Form prep	pared by:		
For individuals	S I		For legal person	
Family Name / First Name			Company Name	
Date of Birth			Incorporation Date	
Address			Address	
Nationality]		Purpose	
Tel.			Tel.	
Fax			Fax	
E-Mail			E-Mail	
For individuals Client coincides with the Benefic	S		cide, <u>must</u> answer f If not, must answer	

2. Information related to the Beneficial Owner(s)

Family Name / First Name	Date of Birth	
Address	Nationality	

3. Description of the Beneficial Owner(s) professional activities

Profession, business (ex. information on the companies involved and the planned activities)	
Previous work / profession	
Name and website of previous employers, if any	
Name and website of current business, if any	



4. Financial Situation of	f the Beneficial	Owner(s)				
a) Annual Income:	300'000 USD	300'000 – 1 Mil. USD	$\square > 1$ Mil. USD			
b) Wealth:	< 1 Mio. USD	☐ 1 - 5 Mil. USD	$\square > 5$ Mil. USD			
c) Expected turnover of	_	_	_			
the transactions:	☐ < 500'000 USD ☐ Unknown.	500'000 – 2 Mil. USD	☐ > 2 Mil. USD			
Comments (if any):						
5. Sources of assets						
Sources from the entrepre	eneurial activities desc	cribed above.				
Sources from family wea	Sources from family wealth.					
Sources from the inherita	Sources from the inheritance of parents/grandparents.					
Others – please specify:						
6. Higher risk business i	elationship					
The Client or the Benefic associated with a PEP	cial Owner is a Politic	ally Exposed Person ("PEI	P") or is closely			
The Client and/or its sou Risk Jurisdiction	rce of funds reside or	operate in or are connected	d with a Higher			
Remote opening/maintai	ning of relationship					
none of the 3 criteria abo	ove					
More comments:						



Age : Occupation : Number of Children : Age : Occupation : Age : Occupation : Age : Occupation : Age : Occupation : Meen Client and the Beneficial Owner(s)	Iarital Status		Single	Married	Divorced	
Age : Occupation : Age : Occupation : ween Client and the Beneficial Owner(s)	ame of Spouse:		Age :	Occupation	:Number of Children	:
Age : Occupation : ween Client and the Beneficial Owner(s)	ame :	Age :	Occupat	tion :		
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	Relationship be	etween Clie	ent and the B	eneficial Ow	mer(s)	
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	: Items 1 to 7 above	e are mandator	y to fill in.			
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