

BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

Customer Account Name/ Full Legal Name	Branch Name
Account Number	Date D D M M Y Y Y Y
Entity Registration number	Business Address

Part I. Who is a beneficial owner?

A Beneficial Owner is defined as the natural person who ultimately owns or controls a legal person or arrangements or the natural person on whose behalf a transaction is conducted, and includes those persons who exercise ultimate effective control over a legal person or arrangement.

- A natural person who directly or indirectly holds at least 10% of the issued shares of the company.
- A natural person who directly or indirectly exercises at least 10% of the voting rights in the company.
- A natural person who directly or indirectly has a right to appoint or remove a director of the company.
- A natural person who directly or indirectly exercises significant influence or control over the company.

Part 2. Who has to complete this form?

This form must be completed by the person opening a new account or maintaining business relationships on behalf of a legal entity. For the purposes of this form, a legal entity includes a corporation, limited liability company, partnership, and any other similar business entity formed in Kenya or a foreign country.

Part 3. What information do I have to provide?

This form requires you to provide details on beneficial ownership as summarized below.

Beneficial Owner I					
Full Legal Name		Date of Birth D M M Y Y Y Y			
ID Number /Passport Number/Birth certificate number		Mobile Number			
Personal Identification Number	Postal Address		Residential address		
Nationality	Current ema	Current email Address			
Percentage of Ownership	Position In the Business		Occupation /Profession		
Beneficial Owner 2					
Full Legal Name	Date of Birth		YYY		
ID Number /Passport Number/Birth certificate number		Mobile Number			
Personal Identification Number	Postal Address		Residential address		
Nationality	Current email Address				
Percentage of Ownership	Position In the Business		Occupation /Profession		
Beneficial Owner 3					
Full Legal Name		Date of Birth			
ID Number /Passport Number/Birth certificate number		Mobile Number			
Personal Identification Number	Postal Addre	SS	Residential address		
Nationality	Current email Address				
Percentage of Ownership	Position In the Business		Occupation /Profession		

Declaration

I/We acknowledge and confirm that the information provided above is/are true and correct to the best of my/our knowledge and belief. In case any of the above specified information is found to be false /untrue/ misleading/ misrepresenting and/or the declaration is not provided, I acknowledge that Kingdom Bank Limited reserves the right to reject the application or to apply enhanced due diligence procedure/measures relating to the information pertaining to the company and the UBO of the company. Upon after such procedures, Kingdom Bank Limited may opt to discontinue existing business relationship with the company.

I/We also undertake to keep Kingdom Bank Limited informed in writing about any modification/ changes to the above information in future and to provide any other additional information as may be required by them.

Authorized Signatories:		
Full Name(s):	Signature:	Date:
		D D M M Y Y Y
Full Name(s):	Signature:	Date:
Full Name(s):	Signature:	Date:
Full Name(s):	Signature:	Date:
		D D M M Y Y Y Y
Pauls Official		
Bank Official		
Name(s):	Signature:	Date: