**Corporate KYC**

# PART I- General Information

|  |  |
| --- | --- |
| Full legal name |  |
| Trading name(s) |  |
| Company Type (e.g. Public company, joint stock, Sole Trader, Limited Liability company etc.) |  |
| Country of incorporation |  |
| Date of incorporation |  |
| Commercial registration number |  |
| Expiry date of commercial registration (If applicable) |  |
| Registered address |  |
| Business mailing address (if different from above) |  |
| Name of external auditors (if any) |  |
| Is the company listed on any stock exchange (if yes, please provide details) |  |
| Regulatory authority |  |
| Type of business / Licensed activities |  |
| License number |  |
| License expiry date |  |
| Name and contact details of the MLRO  /Compliance Officer |  |
| Intended nature of business with MexBit Exchange |  |

# PART II – Owners and Controllers

*If ownership/controller structure is complex, please attach a diagram/additional sheets as needed.*

**Beneficial Owners**

Please identify the ultimate beneficial owners of the entity (the individuals who directly or indirectly hold or control a stake of at least 25% in the capital or of at least 25% of the voting rights of the legal entity, or who undertake the de jure or de facto management of the legal entity).

If the owners of a legal entity are themselves a legal entity or are legal entities, then the same information is required on beneficial owners for these entities. This information is required for each level of ownership until the natural persons owning the applicant entity are identified.

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| **Legal Entities** | | | | | | |
| Legal Name | Company Registration Number | Percentage Holding (25% &  above only) | Registered Address | Country of Incorporation | Date of Incorporation | Stock Market |
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| --- | --- | --- | --- | --- | --- | --- |
| **Individuals** | | | | | | |
| Name | Nationality | Percentage Holding (25% & above only) | Identification Number | Country of Residence | Date of Birth | Tax Identification Number (TIN) for USD Persons |
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| **Directors** | | | | |
| Name | Designation | Nationality | Country of Residence | Date of Birth |
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| **List of Relevant persons having a Senior Management Position** | | | | |
| Name | Position | Nationality | Country of Residence | Date of Birth |
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| **Politically Exposed Persons**  Detail below any beneficial owners (directly or indirectly hold or control a stake of at least 50% in the capital or of at least 50% of the voting rights of the legal entity), directors or senior executives who are PEPs (individuals who are, or have been, entrusted with prominent public functions such as Heads of State or government, senior politicians, senior governments, judicial or military officials, senior executives of state owned corporations or important political party officials), or family or close associates of such PEPs (PEP Associate). | |
| **Name** | **Reason Person is a PEP or PEP Associate** |
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# PART III- Business Activities

* Fund investing in digital asset
* Venture fund investing in digital assets and/or entities
* Digital Currency Mining
* Software Developer
* Market Maker (Select all that apply) Buying and selling digital currency with own capital Proprietary trading firm
* Over-the-Counter trading firm

Principal business activity

*(please tick all that apply)*

|  |  |  |
| --- | --- | --- |
|  | * Digital Currency Exchange * Other (Virtual Currency), please describe: * Other (Non-Virtual Currency), please describe * Others (please describe): | |
| Source of funds |  | |
| Expected average number of payments / transactions per year | Incoming: | Outgoing: |
| Expected average value of payments / transactions per year (USD) | Incoming: | Outgoing: |
| Expected maximum value of any single payment /transaction (USD) | Incoming: | Outgoing: |
| Please list the top five countries your institution operate in and the percentage of business in each location | | |
| **Country** | **Percentage of Business** | |
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**PART VI - Regulatory Related Questions**

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| 1. **Regulatory Environment** | | | | | | | | | |
| 1. | | Has your country established laws designed to prevent money laundering and terrorist financing and is your institution subject to and fully compliant with such laws?  *If Yes, please list where these regulations may be found (website, if available) or the name of your country’s relevant laws. If no, please proceed to section VII. Additional Information* | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 1. **General AML Program** | | | | | | | | | |
| 2. | | Is the AML compliance program approved by the institution’s board or a senior committee? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 3. | | Does the institution have a legal and regulatory compliance program that includes a designated officer that is responsible for coordinating and overseeing the AML framework? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 4. | | Has the institution developed written policies documenting the processes that they have in place to prevent, detect and report suspicious transactions? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 5. | | In addition to inspections by the government supervisors/regulators, does the institution have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?  *If yes, please provide audit details in additional information section.* | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 6. | | Does the institution have policies covering relationships with Politically Exposed Persons (PEP’s), their family and close associates? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 7. | | Are the institution’s AML policies and practices being applied to all branches and subsidiaries of the institution both in the home country and in locations outside of that jurisdiction? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 8. | | Is the institution able to provide relevant customer identification data on request if it is required by us where a legitimate need has arisen? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 9. | | Does the institution have a risk-based assessment of its customer base and their transactions? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 10. | | Does the institution determine the appropriate level of enhanced due diligence necessary for those categories of customers and transactions that the Institution has reason to believe pose a heightened risk of illicit activities at or through the institution? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 11. | | Has the institution implemented processes for the identification of those customers on whose behalf it maintains or operates accounts or conduct transactions? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 12. | | Does the institution have a requirement to collect information regarding its customers’ business activities? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 13. | | Does the institution assess its institution customers’ AML policies or practices? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 14. | | Does the institution have procedures to establish a record for each new customer noting their respective identification documents and “Customer Due Diligence” information? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 15. | | Does the institution have a process to review and, where appropriate, update customer information on an on-going basis? | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 1. **Sanctions Programs** | | | | | | | | | |
| 16. | | Does the FI have branches or subsidiaries located in countries against which the US, EU or the UN has enacted economic sanctions/embargoes?  *If yes, please specify the countries:*   * Iran * Cuba * Sudan * Syria * North Korea * Myanmar * Other | | ❏ YES | | ❏ NO | | ❏ N/A | |
| 17. | | Does the institution screen customers (including customer related parties) and transactions against lists of persons, entities or countries issued by government/competent authorities? | | ❏ YES | | ❏ NO | | ❏ N/A | |

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| 1. **Transaction Monitoring** | | | | |
| 18. | Does the institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? | ❏ YES | ❏ NO | ❏ N/A |
| 19. | Does the institution have a monitoring program for unusual and potentially suspicious activity? | ❏ YES | ❏ NO | ❏ N/A |
| 1. **AML Training** | | | | |
| 20. | Does the institution provide AML training to relevant employees that includes:   * Identification and reporting of transactions that must be reported to government authorities. * Examples of different forms of money laundering involving the | ❏ YES | ❏ NO | ❏ N/A |
| 14. | Does the institution have procedures to establish a record for each new customer noting their respective identification documents and “Customer Due Diligence” information? | ❏ YES | ❏ NO | ❏ N/A |
| 15. | Does the institution have a process to review and, where appropriate, update customer information on an on-going basis? | ❏ YES | ❏ NO | ❏ N/A |
| 1. **Sanctions Programs** | | | | |
| 16. | Does the FI have branches or subsidiaries located in countries against which the US, EU or the UN has enacted economic sanctions/embargoes?  *If yes, please specify the countries:*   * Iran * Cuba * Sudan * Syria * North Korea * Myanmar * Other | ❏ YES | ❏ NO | ❏ N/A |
| 17. | Does the institution screen customers (including customer related parties) and transactions against lists of persons, entities or countries issued by government/competent authorities? | ❏ YES | ❏ NO | ❏ N/A |
| 1. **Transaction Monitoring** | | | | |
| 18. | Does the institution have policies or practices for the identification and reporting of transactions that are required to be reported to the authorities? | ❏ YES | ❏ NO | ❏ N/A |
| 19. | Does the institution have a monitoring program for unusual and potentially suspicious activity? | ❏ YES | ❏ NO | ❏ N/A |
| 1. **AML Training** | | | | |
| 20. | Does the institution provide AML training to relevant employees that includes:   * Identification and reporting of transactions that must be reported to government authorities. * Examples of different forms of money laundering involving the   institution’s products and services.   * Internal policies to prevent money laundering.   If yes, how frequently training is required:   * Quarterly * Semi Annually * Annually * Other, explain: | ❏ YES | ❏ NO | ❏ N/A |
| 21. | Does the institution retain records of its training sessions including attendance records and relevant training materials used | ❏ YES | ❏ NO | ❏ N/A |
| 1. **Additional Information** | | | | |
| 22. | If you answered “No” to any of the Questions above, please explain your institution’s procedures regarding these Questions? (Please refer to specific question) | | | |
| 23. | Has your institution been subject to any investigation, indictment, conviction or civil enforcement related to money laundering and terrorism financing in the past five years?   * Yes * No   If yes, please provide details: | | | |
| 24. | Please provide the name and contact information of the person responsible for your institution’s anti-money laundering program.   |  |  | | --- | --- | | Name: | Phone/Fax: | | Title: | E-Mail: | | | | |

I confirm that to the best of my knowledge the information given in this Questionnaire is complete and accurate and agree to notify MexBit Exchange of any material changes to the information without delay.

Signature: Date:

To be signed by the Compliance Officer or an authorized signature. If different to **Section 24** please provide details below:

Name:

Phone/Fax: Title: Email: