



Online Money Transfer (OMT) SAL
Know Your Business

I- IDENTIFICATION OF THE ENTITY

Legal Name: Hayfauch Trading and manufacturing S.A.R.L.
Trading Name (if applicable): ✓ Registration Number: 3008320
Official Registry: Tripoli Date of Incorporation: 28/11/2013
Tax Identification Number: Country of Registration: Lebanon

Address of the Entity:

Country: Lebanon City: Tripoli Street: Mina
Bldg./Floor: Ental Telephone numbers: 03 068184
E-mail: Columbus 20090 ental in Website:

II- ECONOMICAL/BUSINESS INFORMATION AND ACTIVITY

- 1- Details of Business Activity/Business Sector: Trading
2- Source of Funds: ☒ Business Activity ☐ Other
3- Place of Business/Activity: [Country(ies)]: Tripoli
4- Kindly Indicate the Company's: **Approximate Annual Revenue (USD):** ✓

≤ 100 000

100 001 to 250 000

250 001 to 500 000

500 001 to 1 000 000

1000 001 to 5 000 000

≥ 5 000 000

5-Number of employees: 130

III- FINANCIAL & BUSINESS RELATION INFORMATION

Purpose of Business Relationship: Payroll Solution
Expected Monthly Turnover (in US Dollars): IN 70K OUT

IV - OWNERSHIP, CONTROL AND AUTHORIZED REPRESENTATIVES

- 1- Identification of Partners/shareholders/ members with equity interest of 20% or more:

	Full Name	Date of Birth/Date of Incorporation	Mention all Nationalities	Mention all residence countries	% of Ownership
1	Mohamed Hayfauch	26/02/1976	Lebanon	Lebanon	30%
2	Etab Khaleel El ahmed	26/09/1979	Lebanon	Lebanon	10%
3	Abdallah Hayfauch	05/11/2010	Lebanon	Lebanon	10%

*If the number of persons exceeds 4, attached an annexed signed list

2- Identification of Legal Representatives/Authorized Signatories:

	Full Name	Mention all Nationalities	Mention all residence countries	Date of Expiry of Power
1				
2				
3				

*If the number of persons exceeds 3, attached an annexed signed list

3- Are there any **Politically Exposed Persons*** or **Closed Associates**** among the Entity's ownership structure, executive management and Ultimate Beneficial Owners?

☐ Yes (if yes, please fill the below table) ☐ No

Full Name	Role	Country

*If the number of persons exceeds 2, attached an annexed signed list

* **Politically Exposed Persons (PEP)**: PEPs are individuals who hold (or have held) prominent positions including, but not limited to: Heads of State or of government (or equivalent), politician, Senior government, judicial or military official, Senior executive/board member of a state-owned corporation or of an international organization set up by the governments of more than one country (e.g., NATO, the OECD etc.). **Family member** comprises: spouse or partner, child (and their spouse/partner), parent, sibling.

** **Close associate** means an individual who is a business partner with, or who owns or controls a business or other legal entity with or for a PEP, or who otherwise has a close business or personal relationship with a PEP. **Control** encompasses the ability to direct and make decisions regarding the management of a company, trust, partnership (or equivalent). Control may be exercised directly or through a chain of corporate entities or via formal or informal agreement. Controllers include but aren't limited to: CEO, General Partner, Managing Partner, Managing Member, Protector or Enforcer (of a trust).

IV – BENEFICIAL OWNERSHIP (Ultimate Beneficial Owner)

We Declare that: (Check the appropriate box)

☐ The shareholder (s)/partner (s)/Owner (s) are the Ultimate Beneficial Owner (s)

☐ A third party is (are) the beneficial owner(s) (fill the below table)

Full Name of the Beneficial Owner	Date of Birth	Mention all Nationalities	Mention all residence countries

I/We, the undersigned, X....., in our capacity as the legal Representative(s)/authorized signatory (ies) of the legal Entity Konfex Ltd. trading and managing SAKL declare and confirm, under our entire responsibility, that the above-mentioned information and the required documents are true, accurate, and not misleading in any manner whatsoever.

I/We also undertake to immediately inform OMT if any of the above information ceases to be true or updated.

Place & Date: X.....

Signature:

X

OMT Officer Name & signature

OMT Compliance Department Approval