

KYC - Know your client

**BUSINESS** 

INTERNATIONAL

# 1. Company name/Name of the company proposed: (The company name will be confirmed upon receipt of the booking from the Company Register)

2. Contact details that will be held internally at Cash Flash:						
Date of the First Contract:	MEANS OF CONTACT:					
	☐ Direct knowledge					
Cash Flash, contract people and designations:	□Email S H					
	Conference					
	Other					
3. Customer data: (all fields must be duly	completed)					
LEGAL PERSONALITY:	REGISTRATION DETAILS: (FILL IN ONLY IN THE EVENT OF EXISTING COMPANIES,					
☐ Trader Individual/Single (in questo caso compilare solo i campi applicabili)	Registration numbers:					
Company	Registration date:					
Trust	City of Registration / Incorporation:					
Registered partnership	Initial Paid-up Capital (€):					
Other:						
CONTRACT DETAILS:						
Registration Address:	Contact N°:					
	Email:					
	N° tax identification:					

**Country of Tax Residence:** 

N° VAT registration (if applicable)

**4. Documentation:**(All the following documentation must be provided by the customer but checked and marked internally)

NB: the documentation below must be provided by the customer for: 1) the Parent Company and any Shareholders within the structures with a minimum of 10% owned; 2) all directors; 3) all shareholders with at least 10% ownership

FOR COMPANIES / COMPANIES AND SHAREHOLDERS COMPANY:	
Registration Certificates	Memorandum or Articles (or relevant document)
Certificate of Incumbence (if applicable)	Corporate structure diagram (to be completed on page 2)
Share Certificate (if applicable)	VAT certificate (if in possession) confirmation via the VIES website (http://ec.europa.eu/taxation_customs/vies/)
FOR INDIVIDUALS - DIRECTORS OR SHAREHOLDERS:	Cal
Passport	Banking data
☐ Curriculum Vitae	Professional data
Documentation to verify the address - invoice / bank statement utility	Other
5. Corporate Structure Chart: (Involving all corporate and individual shareholde	ers)

### 6. Nature of Commerce / Activities:

(please include a description of the line of activities and the activities undertaken)

### 7. Involvement:

(any company that acts as a corporate shareholder within the structure must be listed first, all details must be completed)

Full name (as per identification document)

**Administrator / Shareholder** 

Residence / Registered Address (for identification of documents / memos and articles)

ID / Passport or Reg. No.

Date of Birth or of registration

Tax ID number (TIN)

**Full name** (as per identification document)

Administrator / Shareholder

**Residence / Registered Address** (for identification of documents / memos and articles)

ID / Passport or Reg. No.

Date of Birth or of registration

**Tax ID number** (TIN)

**Full name** (as per identification document)

**Administrator / Shareholder** 

**Residence / Registered Address** (for identification of documents / memos and articles)

ID / Passport or Reg. No.

Date of Birth or of registration

Tax ID number (TIN)

**Full name** (as per identification document)

Director / Shareholder Secretary of the Company or name of the Company

**Residence / Registered Address** (for identification of documents / memos and articles)

ID / Passport Date of Birth or of Tax ID number (TIN) registration

Full name (as per identification document)

Director / Shareholder Secretary of the Company or name of the Company

**Residence / Registered Address** (for identification of documents / memos and articles)

ID / Passport Date of Birth or of registration Tax ID number (TIN)

**Full name** (as per identification document)

Director / Shareholder Secretary of the Company or name of the Company

Residence / Registered Address (for identification of documents / memos and articles)

Date of Birth or of registration

Tax ID number (TIN)

**Full name** (as per identification document)

Director / Shareholder Secretary of the Company or name of the Company

**Residence / Registered Address** (for identification of documents / memos and articles)

ID / Passport Date of Birth or of Numero Identificativo Tax (T/N) registration

### 8. Jurisdictions exchanged with: 8. Company turnover forecast

(includes country of registration, domicile and any country/jurisdiction with any business)

# 8. Company turnover forecast for the next 12 months:

## 9. Top 3 suppliers and top 3 customers:

Supplier 2 Supplier 3

Customer 2 Customer 3

## 10. Requested services:

(Purpose of the relationship with CFT)

### 11. Source of the Funds:

(It refers to the activity, event or activity that generates funds exchanged with the CFT)

12. Source of wealth
(It refers to the activity that generates the total total equity of the applicant / company, e.g. goods, properties, investments, etc ...)

13. Politically Exposed (A PEP indicates a person who och family members and close busine	ccupies or ho	is held a promi		nction as immediate
<b>THERE IS A INVOLVEMENT OF PEP</b> (If yes, please specify the name, po held)	litical exposu	are and design	ation	YES NO
14. To be completed o		compani		CEZ
YOU WILL NEED TO ACT AS A: Director		YES	□NO	9010
Company Secretary		YES	□NO	75
Signer on the bank account		YES	□NO	
Will a bank account be required?	SO W	YES H	NO	
Name of the Consultant:	N	lame of the Cu	stomer Repres	entative:
Role:	Role:			
Date:	Date:			

Sign:

Sign:



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