

KYC FORMS A4 SERVICES LIMITED

Politically Exposed Persons (PEP) Declaration Form

In accordance with the Prevention of Money Laundering and Funding of Terrorism Regulations, there is an obligation to undertake enhanced customer due diligence where clients are classified as Politically Exposed Persons (PEP).

A PEP is a natural person who is or has been entrusted, in the past twelve (12) months, with a prominent public function in Malta or in another country. Please complete all relevant sections of this form and tick the appropriate boxes where relevant.

Section 1: Client Details

- Name of Company:
- Name and Surname of Client:
- Gender:
- Date of Birth:
- Place of Birth:
- Permanent Residential Address:
- Passport / ID No.:
- Country of Issue:
- Issue Date:
- Expiry Date:
- Nationality:
- Taxpayer Identification Number (TIN):
- Country of Issuance of TIN:
- Civil Status:
- Spouse / Partner Name and Surname (If applicable):
- Father's Name and Surname:
- Mother's Name and Maiden Surname:

Section 2: Declaration

Please tick the appropriate box:

1. ☐ I **HAVE NOT** been entrusted, in the past twelve (12) months, with a prominent public function in Malta or in another country. (Go to Section 5)
2. ☐ I **HAVE NOT** been entrusted, in the past twelve (12) months, with a prominent public function in Malta or in another country, but an immediate family relation or a close associate of mine has. (Complete Section 3 and 5)
3. ☐ I **HAVE** been entrusted, in the past twelve (12) months, with a prominent public function in Malta or in another country. (Complete Section 4 and 5)

Section 3: PEP in Your Immediate Family or Close Associates

- Name and Surname of Relative/Associate:
- Title of Position Held:
- Jurisdiction in which the position was held:
- Time period during which the position was held (Starting Year - Ending Year):
- Relationship to Client (e.g., spouse, parent, business associate, etc.):

Section 4: For Politically Exposed Persons - Position Held

Please select the relevant box that indicates the position you hold or held in the last twelve (12) months:

- ☐ Heads of State, Heads of Government, Ministers, Deputy or Assistant Ministers, and Parliamentary Secretaries
- ☐ Members of Parliament or similar legislative bodies
- ☐ Members of the governing bodies of political parties
- ☐ Members of superior, supreme, and constitutional courts or other high-level judicial bodies whose decisions are not subject to further appeal
- ☐ Members of courts of auditors or of the boards of central banks
- ☐ Ambassadors, charges d'affaires, and high-ranking officers in the armed forces
- ☐ Members of the administrative, management, or supervisory boards of state-owned enterprises

- ☐ Individuals holding equivalent positions within institutions of the European Union or any other international body
 - ☐ Other (please specify):

 - **Title of Position Held:**
 - **Jurisdiction in which the position was held:**
 - **Time period during which the position was held (Starting Year - Ending Year):**
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Section 5: Additional Information

1. **Have you or your immediate family members been subject to any investigations or legal actions related to corruption, money laundering, or other financial crimes?**
Yes ☐ No ☐
 - If yes, please provide details:

 2. **Are there any business or financial relationships involving you or your immediate family members with government bodies, state-owned enterprises, or high-risk industries (e.g., gambling, defense, mining)?**
Yes ☐ No ☐
 - If yes, please provide details:

 3. **Do you or your immediate family members hold shares or beneficial ownership in companies with ties to government contracts?**
Yes ☐ No ☐
 - If yes, please provide details:
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Section 6: Declaration

I confirm my agreement and understanding that it is my obligation to inform A4 Services Limited / Cleven D'amato of a change to my status as a PEP or non-PEP, should it change at any time in the future.

I also confirm that all information and any documentation supplied in or with this form is genuine, full, true, and correct.



Declarant's Name:

o.b.o (Company Name):

Declarant's Signature:

Date: