**INITIAL KNOW YOUR CUSTOMER (KYC)**

**CLIENT DUE DILIGENCE FORM**

**Explanatory Notes:**

The purpose of this checklist is to ensure that the identity of our clients is properly verified in order to achieve compliance with various KYC obligations.

This checklist must be completed and submitted as part of our Due Diligence to conform with Anti-Money Laundering Laws and Regulations.

Name and address of the application mentioned on the KYC form, should match the documentary proof submitted.

Copies of all the documents submitted by the applicant should be properly attested by entities or persons authorized to attest such documents.

For non-residents and foreign nationals, copies of passport or other acceptable forms of ID and overseas address are mandatory.

**Please Complete This Form.**

|  |
| --- |
| **Company Details:** |
| Full Name of the Entity: |
| Primary Office Address: |
| Mailing Address (if different): |
| Telephone Numbers: Work: Mobile: |
| Email Addresses: Primary Operations: |
|  |
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| --- | --- | --- | --- | --- | --- |
| **Company Documents** | | | | | |
| Certificate of Formation | | Partnership Agreement | | Other | |
| Certificate of Incorporation | | | Other Documents:  Details: | | |
| **Company Type** | | | | | |
| Company | LLC | | Partnership | | Sole Proprietor |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Directors/Principals/Management or Shareholders >20%** | | | | |
|  |  |  |  |  |
| **Name and Address** | **Capacity** | **DP#/ID#/PP#**  **(Attach Copy)** | **Expiration Date** | **Issuing Country** |
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| --- | --- |
| **Politically Exposed Persons (PEP)** | |
| **Please tick if any of your Directors/ Principals/ Executive Management fall into any of these categories:**  **Are you an INDIVIDUAL or the IMMEDIATE FAMILY of, or a CLOSE PERSONAL/PROFESSIONAL ASSOCIATE of;** | |
| **Head of State or Government** |  |
| **Senior politician** |  |
| **Senior Government, Judicial, or Military Official** |  |
| **Senior Executive of State-Owned Company** |  |
| **Senior Political Party Official** |  |
| **If yes, please provide details:** | |
|  | |
|  | |
|  | |

**Declaration By Client:**

I hereby declare that all of the information above is true, accurate and complete and FPFX Technologies LLC is entitled to rely fully on such information and representation as may be required by law, unless the Company receives notice in writing of any change thereafter.

**CLIENT NAME**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By:**

**Its:**

**Date:**