

Merchant Details	
Registered Entity Name	
Registered Address	
Website	
Brief Description of Business	
Primary Contact Person	
Email and Phone Number of Contact Person	
Secondary Contact Person	
Email and Phone Number of Contact Person	
Trading Names (<i>where applicable</i>)	
Service Required	
Expected Monthly Volume (NGN)	

OWNERSHIP STRUCTURE (*You may attach additional sheets where necessary*)

Name	Nationality	Address
Ultimate Beneficial Owner(s) (<i>include persons who directly or indirectly controls more than 5% of issued shares in the company; or has significant control in the company</i>)		
Shareholders (<i>Where corporate shareholders exist, attach a copy of Certificate of Incorporation, Register of Shareholders, Valid ID of Shareholders and Directors</i>)		
Directors		

Customer Due Diligence Questionnaire

S/ N		Yes	No	Comments
	REGULATIONS			
1.	Is there any ongoing investigations of the entity, its affiliates or related operations by licensing and regulatory bodies			
2.	Has the entity or its affiliates or operations ever been investigated or been the subject of an investigation			
3.	Has any officer/director/owner been convicted of a criminal offence or subject to any investigation, indictment, conviction or civil enforcement action related to anti-money laundering or anti-terrorist financing, fraud for which an official pardon has been granted			
4.	Has the entity/officer/director/owner been involved in any business or personal receivership, bankruptcy proceedings, commercial or consumer proposals			
5	Is money laundering and terrorist financing considered a crime in your governing jurisdiction?			
6	Has your governing jurisdiction established laws designed to prevent money laundering and terrorist financing			
7	Is the entity subject to such laws and regulations?			
8	Is your business licensable or regulated in your jurisdiction?			<i>(If answer is yes, kindly attach operating license or permit)</i>
ANTI-MONEY LAUNDERING AND COUNTER-TERRORIST FINANCING POLICIES AND PROCEDURES (AML/CFT)				
a	Have AML/CFT policies been audited or reviewed by licensing or regulatory bodies			
b	Are AML/CFT policies and procedures developed according to local laws, rules and standards?			

c	Does the entity have written policies and procedures on AML/CFT for all domestic and foreign business units?			
d	Does the entity maintain anonymous accounts?			
e	Is ongoing screening a part of your AML/CFT program?			
SANCTIONS SCREENING				
1.	Are procedures in place to screen and prohibit transactions to/from sanctioned individuals/entities/countries			
TRANSACTION MONITORING AND SUSPICIOUS ACTIVITY REPORTING				
a	How is transaction monitoring conducted? Automated or manual			
b	If monitoring is manual, describe the process including what triggers a review, reports used etc			
c	Are staff trained to identify suspicious activities/transactions in line with AML/CFT laws and report such to the appropriate unit?			
d	Do you have procedures in place to report suspicious activities and transactions to the relevant authorities?			
POLITICALLY EXPOSED PERSONS (PEP) DECLARATION				
a	Do any of your shareholders/directors hold a political position or senior position in a government owned parastatal in any jurisdiction?			
b	Has any of your shareholders/directors held a political position or senior position in a government owned parastatal in any jurisdiction?			
c	Does your entity have a related subsidiary/parent company in a sanctioned jurisdiction?			

Declaration:

I/We _____ hereby confirm that the information declared on this application form is current, accurate and reflects our company's Anti-Money Laundering Policies. We acknowledge and certify that we are aware of and comply with all Anti-Money Laundering regulations and requirements in our jurisdiction or jurisdictions of operation.

We further attest to the fact that we shall maintain ongoing compliance to all applicable statutory and regulatory provisions on financial crimes. We will not participate in or permit the utilization of our entity or its assets for any action or inaction that will be in breach of laws, regulations, or policies on financial crime.

We consent to the use of our personal data for the purpose of the proposed transaction.

Name: _____

Designation: _____

Signature: _____

Date: _____

Documents to be submitted:

Document	Tick as submitted
Certificate of Incorporation	<input type="checkbox"/>
Register of Shareholders	<input type="checkbox"/>
Register of Directors	<input type="checkbox"/>
Memorandum and Articles of Association	<input type="checkbox"/>
Valid Identification of Directors	<input type="checkbox"/>
Valid Identification of Shareholders	<input type="checkbox"/>
Valid Identification of Ultimate Beneficial owner	<input type="checkbox"/>
Operating License (<i>if applicable</i>)	<input type="checkbox"/>
Proof of Address of Directors and Shareholders	<input type="checkbox"/>

VestraPay Onboarding Questionnaire	<input type="checkbox"/>
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