

### Customer Mandate

We, **YAZGAC ENGINEERING SERVICES AND TRAINING CENTRE**

hereby request from Kora Payments Network limited the provision of the below service/product (Tick the box):

- Payments Collection (Pay-In) ☒
- Payment Disbursements (Pay-Out) ☒
- Settlements ☒
- Card API ☒
- Cards Checkouts ☒
- VBA ☒

### Customer Due Diligence Questionnaire

Please complete the following information

#### Section 1: General Information

Registered Name of Business: **YAZGAC ENGINEERING SERVICES AND TRAINING CENTRE** Registration Number:

Address:

Date of Incorporation:

Country of Incorporation:

Nature of Business: **ELECTRICAL ENGINEERING WORKS AND TRAINING SCHOOL**

Website: **YAZGAC.YALLEYSENGINEERINGSERVICES.SITE**

Destination Countries for payouts:  
(Please list all possible countries)

**GHANA**

Expected monthly inflow (In NGN or USD)

**\$500.00**

Expected Source of Funds:

**SERVICE FEE**

The following documents should accompany the completed questionnaire:

	Attached	Not Applicable
Certificate of Incorporation or evidence of business registration	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Articles of Association	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Operational/Regulatory licenses or approvals to operate	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Valid and Verifiable ID of Directors and Shareholders (with ownership > 25%)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
AML/CFT policies and procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Tax Identification Number (TIN) For Nigeria	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Proof of Address (e.g., utility bill not older than 3 months)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

#### Section 2: Supplemental Questionnaire

A. Regulatory

YES

NO



a	Is there any ongoing investigations of the company, its affiliates or related operations by licensing and regulatory bodies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Has the company or its affiliates or operations ever been investigated or been the subject of an investigation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	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 not been granted?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	Has the entity/ officer/director/owner been involved in any business or personal receivership, bankruptcy proceedings, commercial or consumer proposals?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>B. Laws and Regulations</b>		<b>YES</b>	<b>NO</b>
a	Is money laundering and terrorist financing considered a crime in your governing jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Has your governing jurisdiction established laws designed to prevent money laundering and terrorist financing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Is your entity subject to such laws and regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>C. Anti-Money Laundering and Counter-Terrorist Financing Policies and Procedures (AML/CTF)</b>		<b>YES</b>	<b>NO</b>
a	Have your AML/CTF policies been audited or reviewed by licensing or regulatory bodies?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Are your AML/CTF policies and procedures developed according to local laws, rules and standards?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Does your entity have written policies and procedures on AML/CTF for all domestic and foreign business units?	<input type="checkbox"/>	<input type="checkbox"/>
d	Please attach all relevant AML/CTF policies and procedures, including the results of any reviews by licensing or regulatory bodies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>D. Know Your Client and Customer Identification Program (KYC/CIP)</b>		<b>YES</b>	<b>NO</b>
a	Do your KYC/CIP/CDD policies and procedures require you to:		
i	Identify and verify the identity of customers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
ii	Identify and verify beneficial ownership and control transactions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iii	Obtain information on the purpose and intended nature of the business relationship/transaction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
iv	Conduct ongoing due diligence and scrutiny, to ensure the information provided is updated and relevant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
v	Monitor customers' activities to detect suspicious transactions?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vi	Conduct enhanced due diligence for high-risk customers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
vii	Keep all records pertinent to customers' identification and transaction information are retained and stored for 5 years after the transaction has been consummated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>E. Know Your Client and Client Due Diligence (KYC/CDD)</b>		<b>YES</b>	<b>NO</b>
a	Does your organisation have processes in place & measures in place to ensure compliance with sanctions regimes as required by OFAC/HKMA/NZRB/HM Treasury/HKMA/DFAIT/OFSI/UNSC/EU/And other Sanctions list etc.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	Has your entity, officers or directors been subject to any investigation, indictment, conviction or civil enforcement action related to anti-money laundering or anti-terrorist financing, fraud, or any other criminal activities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Does your entity identify the transactions related to persons/entities suspected of AML/CTF, comprised in official lists by appropriate authorities?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d	Does your entity ensure that effective anti-money laundering and counter-terrorism controls are in place on new technologies and when dealing in non-face to face interactions or through intermediaries?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>F. AML/CFT Compliance Program</b>		<b>YES</b>	<b>NO</b>
a	Does your entity have a senior officer or a designated Compliance Officer responsible for your organization's AML/CFT program?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



b	Does your entity provide AML/CFT training to employees that includes: identification and reporting of transactions, different forms of money laundering involving the entity's products and services and internal policies to prevent money laundering?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c	Does your entity retain records of its training sessions including attendance records and relevant training materials used?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d	Does your entity communicate new AML/CFT related laws or changes to existing AML/CFT related policies or practices to employees?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e	Does your entity provide AML/CFT training to relevant third parties that includes identification and reporting of transactions, different forms of money laundering involving the entity's products and services and internal controls to prevent money laundering?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>G. Company Structure</b>		<b>YES</b>	<b>NO</b>
a	Do any of your shareholders/directors hold a political position or senior position in a government owned parastatal in Nigeria or abroad?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b	Has any of your shareholders/directors held a political position or senior position in a government owned parastatal in Nigeria or abroad?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Does your entity have a related subsidiary/parent company in a sanctioned jurisdiction?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Section 3: Contact Details**
**Chief Compliance Officer (If applicable)**

Name:	JOSEPH ALLEY		
Phone:	+233247753704	Email:	YALLEY@WORK@GMAIL.COM
Address:	R11 R ROAD, TEMA, GREATER ACCR, GHANA		

**Authorized Signatory (A)**

Name:			
Phone:		Email:	
Address:			

**Authorized Signatory (B) if applicable**

Name and Title:			
Phone:		Email:	
Address:			

**Section 4: Relevant Registrations/Licenses Required to Carry on the Business**

Relevant licenses to carry on a business	Licensing Entities	Status of license	Date
ELECTRICAL WIRING PROFESSIONAL CERT.	ENERGY COMMISSION	ACTIVE	01-12-2023

**Section 5: Ultimate Beneficial Ownership**

Kindly name all beneficial owners and disclose ownership stake:

Name of Beneficial Owner	Ownership Stake	Address of Beneficial Owner	Comment
JOSEPH ALLEY	100%	R11 R ROAD, TEMA	



## Section 6: Settlement Bank Details

Bank Name:	STANDARD CHARTERED BANK
Account Number:	0151216133200
BNV (For Nigeria)	

## Section 7: Attestation &amp; Declaration

We YAGAG ENGINEERING SERVICES AND TRAINING CENTRE hereby attest that, as a business partner of Kora Payments Network Limited, we shall comply with all applicable regulatory and statutory provisions. We further assure Kora Payments Network Limited, that we have not been in breach of any regulatory or statutory provisions regarding anti-money laundering, know your customer, anti-bribery/corruption and anti-terrorist financing/sanctions within the last five (5) years.

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 hereby certify that to the best of our knowledge and belief, no gratification in cash/kind or financial inducement or over-riding commission has been paid or would be paid for influencing or attempting to influence any director, management staff, or employee directly or indirectly.

We, by this attestation understand that Kora Payments Network Limited, has the unhindered right to monitor its business relationships and transactions on all its platforms for money laundering, bribery/corruption, terrorist financing, proliferation of weapons of mass destruction and sanctions purposes.

We shall report any known incidence of non-compliance to or breach of any statutory or regulatory provisions on money laundering, bribery/corruption and terrorist financing.

We consent to the use of our personal data per the terms of use and service agreement of Kora Payments Network Limited.

We hereby declare that we indemnify you and discharge Kora Payments Network Limited, and any of its subsidiaries against any liability that may arise as a result of any breach or violation on our part, of any law or regulation.

Name: JOSEPH TALLEY

Signature: 

Designation: GHANA

Date: 05-01-2024