

KNOW YOUR CUSTOMER (KYC) FORM

Pursuant to Corporate Governance and Compliance

Section 1

1. BUSINESS BACKGROUND

1a. Organization /Trading Name
1b. Date of Incorporation/s
1c. Organization's Registered Address/Addresses
1d. Organization's Global Presence



1e. Scope of Business(es)
1f. Telephone Number(s)
1g. Organization Web Address
16. Organization web Address
1h. Number of Organization's Employees
1i. Organization Affiliate/Affiliates Name (Manufacturers' Suppliers)
11. Organization Anniates Anniates Maine (Manufacturers Suppliers)
1j. Nature of Relationship with Affiliate/Affiliates



2. ORGANIZATION HISTORY

2a. Please provide an overview of the history and background of the Organization
2b. Other breaches of local or international law? If yes, please provide details including facts of any remedial actions that were taken.



2c. What is your Organization's legal structure (Sole Proprietorship, Partnership, Private Limited Company, Public Limited Company, Trust, and Non-Profit Organization etc.).If company is not a private or public limited liability company, please attach company filing.
2d. Country of Jurisdiction/Formation. If you are a foreign organization, do you have a locally incorporated Nigerian affiliate? If so, please provide details of directors and management personnel. Kindly attach most recent company filing.

2e. Is your Organization involved in or aware of any existing, or pending legal dispute, litigation or other proceeding to which the organization or its principal or key employee or any affiliate or subsidiary may be a party or have interest in the outcome?



2f. Please describe any dispositions of a dispute, claim, or proceedings (favorable or adverse) which materially impact your Organization, its investments, or affiliate in the last 10years?
2g. PARTICULARS OF DIRECTORS & PROMOTERS ACTING IN SIMILAR CAPACITY
Surname:
Other Names:
Nationality:
Address:
Tel. No:
Surname:
Other Names:
Nationality
Address
Tel. No
Surname:
Other Names:



Nationality
Address
Tel. No
Surname:
Other Names:
Nationality
Address
Tel. No
Section 3
3. FINANCIAL INFORMATION
Organization's Financial Information
3a. Please state your organization's turn over for the last three (3) years?

3b. Please attach a copy of your Organization's s Audited Financial Account for the last three (3) years.



3c. Please attach a copy of your Organization's Annual Management account details.
3d . Please provide your Organization's bank account(s) managers' details.
(Branch, Tel. No. etc.)
3e . Please provide your Organization's tax clearance certificate.
3e. Please provide your Organization's tax clearance certificate.
3f. Please provide your Organization's current tax identification number(s). (TIN)



4. STATEMENT OF COMPANY SHARE CAPITAL (WHERE APPLICABLE)

4a. Amount in words
4b. N (figures)
RETURN OF ALLOTMENT OF SHARES(WHERE APPLICABLE)
4c. Number of share allotted.
4d. Nominal amount of shares allotted
44. Nothinal amount of shares anotted
4e. Is the share capital fully paid?
, ,,



4f. Please attach certified true copy of your Company's latest Return on Allotment of Capital.
4g. Where more than 5% of the shares are held by company/individuals, please provide same
detail as in Section 1 & 2.
Section 5
5. BACKGROUND INFORMATION OF COMPANY SECRETARY/CONTACT
PERSON
5a. Name of Contact Person
5b. Tel. No
5c. Email address
Ju Email address



6. CORPORATE GOVERNANCE AND COMPLIANCE

6a. Has the Organization, its affiliates, employees or any of its key officers been investige for, charged with or convicted of offences involving breaches of competition law, dishort bribery and corruption, money laundering or any other breaches of local or international If yes, provide details including details of any remedial action taken	esty,

6b. Is the Organization aware of all local and international Anti-Bribery and Corrupt Practice law and/or Anti-Money Laundering and Terrorism law & regulations that govern the operations of the industry in which it operates? Are policies put in place to ensure compliance with the local and international Anti-Bribery and Corrupt Practice law and Anti-Money Laundering and Terrorism laws and Regulations?



6c. Please provide copies of your policies and procedures which include Anti Corrupt and Bribery and Anti-Money Laundering and Terrorism Regulations provisions

6d. Is there a Corporate Governance and Compliance body responsible for ensuring corporate responsibilities - ethical conducts/fair business practices? If yes, please specify which of the following areas are covered by your policy;

- Human Rights
- Health, Safety and Environment
- Code of Conduct
- Political Affiliations- Political Contributions Commercial Bribery
- Other Bribery
- Anti- Money Laundering and Terrorism
- Accepting and/or offering Business Courtesies
- External Communications
- Corporate Tax
- Insider Trading and Fair Competition



- Confidential and Proprietary Information
- Falsification of the Company books and records
- Conflict of Interest
- Gifts and Entertainment
- Travel and Hospitality
- Privacy Policy
- Accountability
- Reporting and Investigation Concerns
- Disciplinary Action
- -Data protection
- -whistle blowing

6e. What accountability measures are in place to ensure that the employees in Organization comply with equitable business policy and ethical conduct?	your

6f. Are there adequate initiatives in place to drive these measures? If yes, please give details of the Organization's governance awareness approach.



6g . What is your policy	on conducting	due diligence	on all	prospective	business
counterparties? Please provi					1

6h. Are there: (i) Anti-bribery and corruption and; (ii) anti-money laundering and terrorism clauses embedded in all contracts with agents and intermediaries? If yes, please provide an extract of all Anti-bribery and corruption clauses.



6i . Are there any Public Officials (PO) and/or Political Exposed Persons (PEP) associated with
the Organization, either as a shareholder, director, employee, and advisor or in any other
beneficial capacity? If yes, please provide details
6j . Do any of your affiliates, employees, directors, contractors or agents have family members
who work in I.E or persons that might/could influence decisions? If yes, please provide details
who work in i.e or persons that might/ could inhaence decisions: If yes, please provide details

6k. Have you ever provided cash gifts, hospitality or travel expenses to I.E Officials, or any of their family members? If yes, please provide details.



ATTESTATION PAGE

Section 7

7. POLICY ATTESTATION

<u>Attached</u> are I.E's policies on Anti-Bribery and Anti-Corruption, Gift & Hospitality, Code of Conduct and Whistleblowing.

Kindly sign off on the attached I.E policy documents as confirmation of full understanding and return signed copies along with the KYC form duly attested to in Section 8 below.



8. KYC ATTESTATION

I	on behalf of
do solemnly declare tl	nat I have taken reasonable steps to verify the information provided in
this KYC form for the re	egistration of the Organization as a vendor, to be true and correct.
Designation	
Signature	
Date	