Customer Due Diligence Form

This form represents an appendix to your Bambora Card Acquiring Application and shall be correctly and truthfully filled out, validly signed and returned to your point of contact in Bambora together with the application or at Bambora’s request.

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| Company Information | |  |  |
| Legal name |  | Company registration no. |  |

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| Regulatory License |  |  | |
| Is your business model/industry regulated and/or requires a license by the government or other body providing professional supervision over the specific industry sector?  If yes, please attach a copy of your regulatory license. | | | Yes  No |

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| Business purpose & model | |  |  |
| What is your intended customer segment: | | | |
| * Solely other business customers (B2B) |  | | |
| * Solely consumers (B2C) |  | | |
| * Both |  | | |

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| Do you sell your products or services cross-border?  If yes, please specify in which country/countries: | | | | | | | | | Yes  No | |
| Are the products or services you will receive payments for self-manufactured or are you a reseller of another company’s/companies’ products or services? | | | | | | | | | | |
| * Mainly self-manufactured | | |  | | | | | | | |
| * Mainly reseller | | |  | | | | | | | |
| * Both | | |  | | | | | | | |
|  | | |  | | | | | | | |
| Company structure | | | | |  | | |  | | |
| Does your company have any subsidiaries and/or branches? | | | | | | | | | Yes  No | |
| If yes, please list the following information regarding all subsidiaries or branches: | | | | | | | | | | |
| Name | Branch or subsidiary? | Legal form | | Country | | | Registration number | | Level of control (%) | |
|  |  |  | |  | | |  | |  | |
|  |  |  | |  | | |  | |  | |
| Politically exposed persons (PEP) and Relatives or Close Associates (RCA) **PEP** | | | | | | | | | |
| Does a Beneficial Owner or other Associated Party (CEO, member of the board or other executive body) currently hold or has at some point during the last 18 months held a prominent public function and is thus to be considered as a politically exposed person (PEP)? | | | | | | Yes  No | | | |

A prominent public function is defined as the following:

* Head of State, Head of Government or minister (including Vice- or acting)
* Member of Parliament
* Judge of the highest court or equivalent
* Senior civil servants in the court of auditors or members of the board of the central bank
* Member of the management, administrative or supervisory bodies of a state-owned entity
* Member of the board of a political party
* Ambassador, chargé d’affaires and senior officers of the armed forces (at least equivalent to Brigadier General)
* A position equivalent to any of the above in an international organization
* Other public office, similar to the above.

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| Please specify the PEPs position within your organization, the function that is held or has been held and in which jurisdiction it is held or has been held. | |
| PEP’s position in your organization: | |
| Function: | Jurisdiction: |
| If your organization has more than one person that should be considered as a PEP, please attach a list to this document that contains the above requested information for each of the PEPs. | |

**RCA**

|  |  |
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| Is a Beneficial Owner or other Associated Party (CEO, member of the board or other executive body) a Relative or a Close Associate to a PEP? | Yes  No |

A Relative is defined as someone who has one of the following relationships to a PEP:

* Husband/wife or registered partner
* Cohabiting partner
* Parent
* Child
* Child’s husband/wife, registered partner or cohabiting partner

A Close Associate is defined as someone who has one of the following relationships to a PEP:

* Being in joint beneficial owner of a legal person together with a PEP
* Being the beneficial owner a legal person that has been established in the interest of a PEP
* Have other close association to a PEP

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| Please specify the position of the Relative or Close Associate in your organization, the relationship towards the PEP and in which jurisdiction the PEP holds or has held his/her function. | |
| RCA’s position in your organization: | |
| Function: | Jurisdiction: |

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| --- | --- | --- | --- |
| Signature |  |  | |
| |  |  |  |  | | --- | --- | --- | --- | | Date of birth  (authorized signatory) |  | Date and city |  | | Signature\*🖎 |  |  |  | | Name in block letters |  | | |   \*Shall be registered as authorized signatory(ies) in the Company Registration Office.   |  |  |  |  | | --- | --- | --- | --- | | Date of birth  (authorized signatory) |  | Date and city |  | | Signature\*🖎 |  |  |  | | Name in block letters |  | | |   \*Shall be registered as authorized signatory(ies) in the Company Registration Office. | | |  |