PREMIUM INSURANCE
YOUR WELL-BEING IS PREMIUM

KNOW YOUR CUSTOMER (KYC) FORM – CORPORATE

In accordance with **Decree No. 53/2023** of 31 August, which regulates the **Legal Regime on Measures for the Prevention and Combat of Money Laundering and the Financing of Terrorism**, **Premium Insurance Company, SA** is required to collect and verify identification details of its clients (policyholders, subscribers, or members) and their representatives whenever a business relationship is established, whether in person or remotely.

This process includes the collection and retention of copies of identification and supporting documents, for purposes of policy issuance, pension fund management, and compliance with legal and regulatory obligations.

The complete and accurate provision of the information requested is mandatory and forms an integral part of the due diligence and identity verification procedures applicable to all clients.

1. CORPORATE

1.1. General Information

a) Registered name: _____

b) Legal form:

☐ Limited Liability

☐ Public Company

☐ Association

☐ Other: _____

c) Corporate purpose: _____

d) Business activity / Objective: _____

e) NUIT (Tax Identification Number): _____

f) Email: _____

g) Telephone: _____

h) Registered address:

Province: _____ District: _____

City/Town: _____

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Avenue/Street: _____ No.: _____

1.2. Incorporation and Registration

a) **Commercial registration number:** _____

b) **Date of incorporation:** _____

c) **Supporting document:**

☐ Notarial Certificate

☐ Public Deed

☐ Official Gazette Publication

☐ Other: _____

d) **Licensing authority / CAE:** _____

e) **Economic group** (if applicable)**:** _____

1.3. Ownership Structure

a) **Shareholders with holdings ≥ 10%:**

Name	Percentage	Nationality	NUIT	Identification Document

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b) Beneficial owners:

Name	Date of Birth	Nationality	Address	NUIT	Identification Document

1.4. Management and Representation

a) Members of senior management:

Name	Position	Identification Document	NUIT

b) Authorised representatives:

Name	Position	Type of mandate	Supporting document (Power of Attorney, etc.)

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1.5. Attached Documents

☐ Commercial registration certificate

☐ Articles of association / Public deed

☐ Tax identification card (NUIT)

☐ Identification documents of representatives

☐ Declaration listing directors and authorised signatories

☐ Minutes of shareholding or structural changes (if applicable)

☐ Proof of registered address

1.6. Entity Declaration

The undersigned entity hereby declares, under its sole responsibility, that all information provided in this form and all accompanying documents are true, complete, and accurate.

It further undertakes to promptly notify Premium Insurance Company, SA of any relevant changes to the information provided herein.

The entity acknowledges that the provision of false or misleading information constitutes a punishable offence under applicable law, and assumes full legal and contractual responsibility for the accuracy of the data submitted.

Place and Date: _____

Signature of Legal Representative: _____

Full Name: _____

Position: _____

Identification Document: _____