

This is in fulfilment of Risk Management Standards, AML/CFT Regulations and Best Practices of WAICA Reinsurance Group

Accurate and current details are required.

*** Required**

1. Data Protection Statement

To provide you with products and services, we need to collect, use, share and store personal and financial information about you. This includes the information requested on this form and information obtained from third parties. The information requested may be used to assist us in providing the service you are applying for, advise you of other products and services, confirm, update and enhance records, and establish your identity. The data that we collect may be shared/transferred to / or stored /or processed at our offices in other countries. We will seek your consent where your personal data is to be processed for reasons other than that for which it was obtained, except in cases involving filing or submission in fulfillment of AML/CFT regulatory requirements. *

I Understand and confirm

Company Information

Information about the company MUST be true to the best of your knowledge. To be completed by authorised personnel

2. Registered Business Name: *	3. Trading Name (if different from Business Name).
4. Registered Office Address: *	
5. Business address (if different from registered address)	
6. Country of Incorporation: *	7. Date of Incorporation *
8. Incorporation Number or Company Registration Number. *	9. Tax Identification Number: *
10. Company's Website URL:	11. Name of Principal Regulator. *
12. Does Your Principal Regulator Issue you with an Operating Licence? * <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Does the Operating Licence have an expiration date? * <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
14. If Yes, What is the Date of Expiration of the License?	
15. Principal Activities of the Company? *	
1. _____	
2. _____	
3. _____	
4. _____	
5. _____	
16. Last Year Turnover as at 31 December, in figures only *	17. Last Year Profit After Tax as at 31 December, in figures only
Turnover and Profit Figures above are reported in which currency?	
20. Your most recent Capital Adequacy Ratio (CAR) *	21. Percentage of your non-performing loans (NPL) *
22. What is your current Financial Strength Rating (FSR)?	23. Is the rating an International or National Scale Rating ? <input type="checkbox"/> National <input type="checkbox"/> International
24. When will the FSR rating expire?	25. What is the name of the Rating Agency?
26. Do you have any other FSR Rating apart from above? If yes, please specify rating score, national or international and the rating agency, and date it will expire score, national or international and the rating agency, and date it will expire	

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27. Details of Shareholders having 10% shareholding or more (Name & Percent of holding) *

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

28. Is any member of the Board, Ultimate Beneficial Owner, or Management a Politically Exposed Person (PEP)? * Yes No

29. If yes to the above, list the full names and designations of the PEPs.

1. _____

2. _____

3. _____

4. _____

5. _____

30. Name of External Auditors: *

Anti-Money Laundering Questionnaire

31. Are you subject to Anti-Money Laundering Regulations, which are equivalent to the standard set out by FATF Recommendations? * Yes No

32. Do you have Policy and Procedures for Money Laundering and Terrorist Financing? * Yes No

33. Have you implemented processes for AML/CFT risk assessment? * Yes No

34. Do you screen Customers and Transaction against list of Persons, Entity or Countries issued by Government / Competent Authorities on AML and Sanctions? * Yes No

35. Do the Regulation in your Country require reporting any suspicious transactions to any FIUs, Enforcement Agency or Financial Services Regulators? * Yes No

36. Have you been sanctioned within the last 3 years by any regulatory authority? * Yes No

37. If yes to the above, please give details below

Environmental, Social, and Governance (ESG)

ESG and other related risks are critical to WAICA Re's investment decisions and policy formulation.

38. Do you have an ESG Policy, Manual or Documented Approach? * Yes No

39. If Yes, what are the main focus?

1. _____

2. _____

3. _____

4. _____

5. _____

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40. If No, what are your future ESG plans?

1. _____
2. _____
3. _____
4. _____
5. _____

41. Do you have investment products that can be classified as ESG compliant? *

Yes No Maybe

44. What ESG training do you provide to your employees? *

45. Which Senior Leaders or Executives Oversee Your ESG Policy? (e.g. Adam Smith - COO) *

46. Do ESG considerations form part of the appraisal and compensation plan for key staff? *

Yes No

47. Does your Board consider ESG in decision-making? *

Yes No Maybe

Details of Principal Officers

Please, complete details as required

48. Full List of Board Members and Designation (e.g 1. Mr. John Smith - Chairman, 2. Mrs John Smithen - Independent Director) *

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

49. Full list of Executive Management Team and Designation (e.g. 1. Mrs James Doe - Managing Director, 2. Mr. Like Waters - Executive Director - Operations) *

Executive Management Team

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

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50. Full Names of Officer Completing this Form *		_____
51. Designation of Completing Officer *		_____
52. Years with the company *		_____
53. Official contact number		_____
54. Official email address *		_____
55. Declaration a) We declare that the above-mentioned information is true and correct to the best of our knowledge and it has been made in good faith. We accept that you will rely on this information to fulfil all of its regulatory requirements. b) We do hereby confirm, to the best of our knowledge, that our Entity is not dealing with any sanctioned persons or entities, or persons or entities engaged in any unlawful or criminal activity and we have taken all reasonable steps to ensure that this is the case. c) We hereby confirm that the original versions of the copies of the supporting documents attached hereto have been duly verified and that the said attachments are true copies of the originals. d) We hereby confirm that the completing officer above is authorized to act on behalf of the company.*		
56. Please confirm the documents attached with the completed form:		
1. Certificate of Incorporation/Registration	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Current Regulatory License	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Articles & Memo of Association	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Means of ID of Principal Officers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Utility bill verifying business address	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Last audited accounts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
57. Date Completed *		_____
58. Sign or Full names	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div>