

Your Company Details

Company name:

ULTIMATE BENEFICIAL OWNER

Registration Form

Under the Sierra Leone National Corporate Governance Code 2018, including the Anti-Money Laundering and Combating of Financing of Terrorism Act, 2012, WAICA Re is obliged to establish the identity of the 'ultimate beneficial owner' of the company.

Note: please complete ALL fields. If the information is incomplete, the application cannot be processed.

Registration No.:		Country of Registration:					
The	The ultimate beneficial owners are the natural persons involved in your business in the following ways:						
	• In the case of a general or limited partnership, the ultimate beneficial owner is the natural person who, as a partner or managing partner, directly or indirectly holds some of the voting rights, rights to share in the profits or de facto control.						
	• In the case of a private or public company, whether or not in formation, or a cooperative, the beneficial owner is the natural person who directly or indirectly holds shares, voting rights or de facto control.						
	• In the case of a foundation, association or trust, the beneficial owner is the natural person who, directly or indirectly, is the beneficiary or has special control over the assets.						
Ste	p 1 Company situation						
Ind	cate which situation applies to your company.						
(a)	My company is a regulated financial institution under a reg	ulator	Yes, proceed to Step 3				
(b)	My company or the 100% parent company is listed in the St	ock Exchange	Yes, proceed to Step 3				
(c)	My company is a government institution.		Yes, proceed to Step 3				
(d)	My company is a sole proprietorship.		Yes, proceed to Step 2				
(e)	My company is a church.		Yes, proceed to Step 2				
(f)	My company is a general or limited partnership.		Yes, proceed to Step 2				
(g)	My company is a private or public company (whether or no	ot in formation) or a cooperative.	Yes, proceed to Step 2				
(h)	My company is a foundation, association or trust.		Yes, proceed to Step 2				



Registration Form

Step 2 Identity of the ultimate beneficial owner or owners

If your company has one or more beneficial owners, then you must list all natural persons who are ultimate beneficiaries owners

of your company. Enter the details of the ultimate beneficial own	iers as set out below.		
Statement of ultimate beneficial owner 1			
First names (as given in passport):		Initials:	
Birth name:	Surname prefixes:		
Current surname:	Surname prefixes:		
Date of birth:	Gender: Male Female		
Resident in country (private):	Nationality:		
Birthplace:	Country of birth:		
Business e-mail address:			
Mobile telephone number:			
Does the UBO have:			
Both ownership and control of the company (partially or who	olly)?		
Only ownership of the company (partially or wholly)?			
Only control of the company (partially or wholly)?			
Percentage of ownership of the company of the relevant UBO:			
Enter the country in which the UBO is liable for taxation and also	enter the tax number (TIN) of the UBO. 1	
Enter the country in which the UBO is liable for taxation and also Liable for taxation in:	enter the tax number (TIN) of the UBO. 1	
	enter the tax number (TIN) of the UBO. 1 Tax number	
Liable for taxation in:	enter the tax number (
Liable for taxation in:	enter the tax number (
Liable for taxation in: Country			
Liable for taxation in: Country This ultimate beneficial owner is involved through other business			
Liable for taxation in: Country This ultimate beneficial owner is involved through other business. Name of the other company or entity:			
Liable for taxation in: Country This ultimate beneficial owner is involved through other business Name of the other company or entity: Address of other company or entity:	s or entities:	Tax number	
Liable for taxation in: Country This ultimate beneficial owner is involved through other business. Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose.	s or entities:	Tax number	
Liable for taxation in: Country This ultimate beneficial owner is involved through other business Name of the other company or entity: Address of other company or entity:	s or entities: se an overview of the g	Tax number group structure with this form. termediate company:	
This ultimate beneficial owner is involved through other business. Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompanies or entities, please encloses.	s or entities: se an overview of the g	Tax number group structure with this form. termediate company:	
This ultimate beneficial owner is involved through other business. Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompany or company or companies,	s or entities: se an overview of the g	Tax number group structure with this form. termediate company:	
This ultimate beneficial owner is involved through other business. Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompany or company or companies, • State the full legal name, legal form, country where the the company or companies, • All shareholders and share percentages,	s or entities: se an overview of the g	Tax number group structure with this form. termediate company:	

This number is also referred to as the Tax Identification Number (TIN) or VAT number.



Identity of the ultimate beneficial owner 2	
First names (as given in passport):	Initials:
Birth name:	Surname prefixes:
Current surname:	Surname prefixes:
Date of birth:	Gender: Male Female
Resident in country (private):	Nationality:
Birthplace:	Country of birth:
Business e-mail address:	
Mobile telephone number:	
Does the UBO have:	
Both ownership and control of the company (partially or who	olly)?
Only ownership of the company (partially or wholly)?	
Only control of the company (partially or wholly)?	
Percentage of ownership of the company of the relevant UBO:	
This ultimate beneficial owner is involved through other business. Name of the other company or entity:	s or entities:
Address of other company or entity:	
If involved through multiple companies or entities, please enclos	se an overview of the group structure with this form.
The overview of the group structure must meet the following rec	quirements for each intermediate company:
State the full legal name, legal form, country where the the company or companies,	company is registered and the Chamber of Commerce number of
All shareholders and share percentages,	
Signed and dated,	
Signed by an authorised signatory.	
The Tax Identification Number is the number under which your co	TIN) VAT



Identity of the ultimate beneficial owner 3				
First names (as given in passport):	Initials:			
Birth name:	Surname prefixes:			
Current surname:	Surname prefixes:			
Date of birth:	Gender: Male Female			
Resident in country (private):	Nationality:			
Birthplace:	Country of birth:			
Business e-mail address:				
Mobile telephone number:				
Does the UBO have:				
Both ownership and control of the company (partially or wh	olly)?			
Only ownership of the company (partially or wholly)?				
Only control of the company (partially or wholly)?				
Percentage of ownership of the company of the relevant UBO:				
Country	Tax number			
This ultimate beneficial owner is involved through other business	or entities:			
This ultimate beneficial owner is involved through other busines. Name of the other company or entity:	or entities:			
	or entities:			
Name of the other company or entity:				
Name of the other company or entity: Address of other company or entity:	se an overview of the group structure with this form.			
Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompanies.	se an overview of the group structure with this form.			
Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recommendation. • State the full legal name, legal form, country where the	se an overview of the group structure with this form. quirements for each intermediate company:			
Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompanies of the full legal name, legal form, country where the the company or companies,	se an overview of the group structure with this form. quirements for each intermediate company:			
Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompany or companies, • State the full legal name, legal form, country where the the company or companies, • All shareholders and share percentages,	se an overview of the group structure with this form. quirements for each intermediate company:			
Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompany or companies, • State the full legal name, legal form, country where the the company or companies, • All shareholders and share percentages, • Signed and dated,	se an overview of the group structure with this form. quirements for each intermediate company:			
Name of the other company or entity: Address of other company or entity: If involved through multiple companies or entities, please enclose. The overview of the group structure must meet the following recompany or companies, • State the full legal name, legal form, country where the the company or companies, • All shareholders and share percentages, • Signed and dated,	se an overview of the group structure with this form. quirements for each intermediate company:			



Identity of the ultimate beneficial owner 4					
First names (as given in passport):	Initials:				
Birth name:	Surname prefixes:				
Current surname:	Surname prefixes:				
Date of birth:	Gender: Male Female				
Resident in country (private):	Nationality:				
Birthplace:	Country of birth:				
Business e-mail address:					
Mobile telephone number:					
Does the UBO have:					
Both ownership and control of the company (partially or who	olly)?				
Only ownership of the company (partially or wholly)?					
Only control of the company (partially or wholly)?					
Percentage of ownership of the company of the relevant UBO:					
This ultimate beneficial owner is involved through other business	Tax number				
Name of the other company or entity:					
Address of other company or entity:					
If involved through multiple companies or entities, please enclos	•				
The overview of the group structure must meet the following rec	quirements for each intermediate company:				
State the full legal name, legal form, country where the the company or companies,	company is registered and the Chamber of Commerce number of				
All shareholders and share percentages,					
Signed and dated,					
Signed by an authorised signatory.					
The Tax Identification Number is the number under which your co					



Step 3 Statement and signatures The signatory declares they have completed this form truthfully.						
, ,	-		a listed in th	no Articles	of Association	
This form must be duly signed, on behalf of the company, by an authorised signatory as listed in the Articles of Association						
Details of authorised signatory						
First names (as given in passport):			Initials:			
Last name:	Surname pre	Surname prefixes:		Gender: Male Fema		
Town/city:		Date:				
Type Name or Upload Signature						
If jointly authorised			Initials			
First names (as given in passport):	_	Initials:				
Last name:	Surname pre	Surname prefixes:		Gender:	MaleFemale	
Town/city: Date:						
a) Data Protection Statement In order 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, to advise you of other products and services, to confirm, update and enhance records and to 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 fulfilment of AML/CFT regulations or other regulatory requirements. We may from time to time need to disclose personal information to comply with a legal requirement, such as a law, regulation, court order, subpoena, warrant, in the course of a legal proceeding or in response to a law enforcement agency request. b) Declaration i. I declare that the above-mentioned information is true and correct to the best of my knowledge and it has been made in good faith. I accept that you will rely on this information to fulfil all of its regulatory requirements. ii. I do hereby confirm, to the best of my knowledge, that I am not dealing with any sanctioned persons or entities, or persons or entities engaged in any unlawful or criminal activity and I have taken all reasonable steps to ensure that this is the case. iii. I 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. In addition to required documents, please attach valid means of identification (Info page of Passport) for each UBO, including that of the authorised signatory Please confirm the following documents were attached Yes No Ultimate Beneficial Ownership form as						
Yes No Memorandum & Articles of Association						
Yes No Certificate of Business Registration						
Yes No Last audited accounts (if not available – recent unaudited account)						
Yes No Regulatory licence, where applicable						