

B. KNOW YOUR CUSTOMER (KYC)

Please indicate below the following:

- **Individual opening the account**
- **Account Accessor:** All Shareholders, Directors and Authorised Representatives who will have access to the account and act on behalf of the Company
- **Control:** All individuals who exercise significant control over operating the Company. This may be the majority Shareholder or Chief Executive Officer, Chief Operating Officer, etc.
- **Beneficial Owner:** All individuals who directly or indirectly hold 25% or more equity, share, or voting rights of the Company.
 - If no individual directly or indirectly owns 25% or more equity, share, or voting rights of the Company please specify the individual who exercises significant control over operating the Company.
 - If another business entity owns 25% or more equity or shares of the Company, please specify that company and detail the indirect ownership of the company for all individuals who meet the above requirements.

Documentation Requirements:

The corporate entity must provide the following:

- A Company Share Registry or similar document displaying ownership
- If owned by another entity, a Corporate Structure document displaying ownership
- Proof of Business Address

All individuals listed below must provide the following:

- Government-issued Identification Card
- Proof of Residence Document

Individual Opening the Account

Full Name: _____ Date of Birth (YYYY-MM-DD): _____

Address 1: _____

Address 2: _____

City: _____ Postal Code: _____

Province/State/Region: _____ Country: _____

Email: _____ Telephone: _____

Citizenship (Nationality): _____ ID Number (SSN for US): _____

Ownership Percentage (%): _____ Title (Position): _____

Account Accessor

Full Name: _____ Date of Birth (YYYY-MM-DD): _____

Address 1: _____

Address 2: _____

City: _____ Postal Code: _____

Province/State/Region: _____ Country: _____

Email: _____ Telephone: _____

Citizenship (Nationality): _____ ID Number (SSN for US): _____

Ownership Percentage (%): _____ Title (Position): _____

Select at least one

Control	Beneficial Owner	Account Accessor (additional)
Full Name: _____		Date of Birth (YYYY-MM-DD): _____
Address 1: _____		
Address 2: _____		
City: _____		Postal Code: _____
Province/State/Region: _____		Country: _____
Email: _____		Telephone: _____
Citizenship (Nationality): _____		ID Number (SSN for US): _____
Ownership Percentage (%): _____		Title (Position): _____

Select at least one

Control	Beneficial Owner	Account Accessor (additional)
Full Name: _____		Date of Birth (YYYY-MM-DD): _____
Address 1: _____		
Address 2: _____		
City: _____		Postal Code: _____
Province/State/Region: _____		Country: _____
Email: _____		Telephone: _____
Citizenship (Nationality): _____		ID Number (SSN for US): _____
Ownership Percentage (%): _____		Title (Position): _____

Select at least one

Control	Beneficial Owner	Account Accessor (additional)
Full Name: _____		Date of Birth (YYYY-MM-DD): _____
Address 1: _____		
Address 2: _____		
City: _____		Postal Code: _____
Province/State/Region: _____		Country: _____
Email: _____		Telephone: _____
Citizenship (Nationality): _____		ID Number (SSN for US): _____
Ownership Percentage (%): _____		Title (Position): _____

Select at least one

Control	Beneficial Owner	Account Accessor (additional)
Full Name: _____		Date of Birth (YYYY-MM-DD): _____
Address 1: _____		
Address 2: _____		
City: _____		Postal Code: _____
Province/State/Region: _____		Country: _____
Email: _____		Telephone: _____
Citizenship (Nationality): _____		ID Number (SSN for US): _____
Ownership Percentage (%): _____		Title (Position): _____

C. FINANCIALS

<p>1. Why do you want a business account? (check at least one)</p> <p>To use my business bank account</p> <p>To accept/make payments in cryptocurrency with my business</p> <p>To invest my company funds in cryptocurrency</p> <p>To offer cryptocurrency reselling services</p> <p>Other (please explain): _____</p>	<p>2. Does your company operate as a financial institution, a financial remitter, or is in the business of accepting or transmitting funds, investing funds, or managing funds for clients? (If you offer cryptocurrency reselling services, then the answer should probably be 'Yes'):</p> <p align="center">Yes No</p> <p><i>If yes, attach the AML Questionnaire and your company's AML Policy</i></p>
<p>3. Liquid Net Worth (please check one, specify currency):</p> <p>\$0 - \$500,000</p> <p>\$500,001 - \$2,000,000</p> <p>\$2,000,001 - \$5,000,000</p> <p>\$5,000,000 - \$10,000,000 USD</p> <p>\$10,000,001+ Other: _____</p>	<p>4. Net Worth (please check one, specify currency):</p> <p>\$0 - \$500,000</p> <p>\$500,001 - \$2,000,000</p> <p>\$2,000,001 - \$5,000,000</p> <p>\$5,000,000 - \$10,000,000 USD</p> <p>\$10,000,001+ Other: _____</p>
<p>5. Expected sum of monthly deposits (please also specify currency):</p>	
<p>6. Expected sum of monthly withdrawals (please also specify currency):</p>	
<p>7. Expected monthly trade activity (number of trades):</p>	
<p>8. Do you plan to engage in arbitrage trading?</p>	
<p>9. Do you plan to engage in margin trading?</p>	
<p>10. <i>Source of Funds</i> Please clarify the source of funds for the intended deposit(s):</p>	

D. POLITICALLY EXPOSED PERSONS

<p>1. Are any of the business owners (owning 25% or more of the company) politically exposed persons? e.g – Are they senior military, government, or political officials, or relatives or associates of such officials?</p>	<p>Yes</p> <p>No</p>
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E. FEEDBACK - QUESTIONS OR COMMENTS?

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