# AGAONE

#### **KYC FORM FOR SERVICE PROVIDERS**

Title of the legal entity				
Commercial register number				
EIN number				
Field of activity				
Official address				
<b>Entity Type</b>				
Telephone/Fax number				
Mail adress				
Website				
The person authorized to represent the legal entity				
Name-Surname				
Place and date of birth				
Nationality				
Type of identity document				
Number of the identity document				
Signature				
If the person authorized to represent the legal entity is a citizen of the USA				
Mother's name				
Father's name				
Identification number				

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#### RECOGNITION OF THE REAL BENEFICIARY

Enter the information of the person(s) who control the company;

- Individuals who hold at least 10% or more of the voting rights or capital share.
- Those who own at least 10% or more of the voting rights or capital share with

a common agreement

Legal/Natural Person; Name & Surname Identity EIN/ or Passport Number	Address	Voting Rights (%)	Capital Share (%)	Date of Establishment / Date of Birth

#### **B.** RECOGNITION OF THE ULTIMATE BENEFICIARY

If the person(s) who provide control of the company are legal persons, the information of both the legal person and the persons who provide the control of that legal entity must be entered. In this context, please fill in the table below.

Legal/Natural Person; Name & Surname Identity EIN/ or Passport Number	Address	Voting Rights (%)	Capital Share (%)	Date of Establishment / Date of Birth

### **C.** REQUIRED DOCUMENTS

- Certificate of Incorperation
- Certified Copy of Formation
- Articles of Association
- Passport/ID copy of who shares more than 10%