AGAONE

Know Your Counterparty (KYC) form

Counterparty details

Name	
Company	
Registered address	
Business address	
Type of company eg Trader, refiner, bank,	
manufacturer, miner	
Description of core business activity	
How many direct & indirect	
subsidiaries do you have?	
Please provide a group chart if relevant	
Main markets	
Main products	
Phone number	
Website	

Please send copies of government-issued documents to support the above.

For individuals, please submit personal identity documents.

For companies, please submit business licences, company registration or tax ID number evidence

Legality of business

Date of incorporation	
Country of incorporation	
VAT-number, Tax Identification or	
official Company Registration	
Number	
Name(s) of official representative(s)	
Names of the Board of Directors	
Does the company hold a licence to	
conduct business(es)?	
If so, please provide a copy(ies)	
Is any member of senior management	
a politically exposed person (PEP)?	
If so, please give details	

AgaOne Commodities INC.

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Beneficial owners (1)

If required

Name	
Address	
Country of incorporation	
(or Nationality if individual)	
Date of incorporation	
(or date of birth if individual)	
Percentage holding (%)	

Please send copies of government-issued documents.

For individuals, please submit personal identity documents.

For companies, please submit business licences, company registration or tax ID number evidence

Beneficial owners (2)

Name	
Address	
Country of incorporation	
(or Nationality if individual)	
Date of incorporation	
(or date of birth if individual)	
Percentage holding (%)	
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Please send copies of government-issued documents.

For individuals, please submit personal identity documents.

For companies, please submit business licences, company registration or tax ID number evidence

Beneficial owners (3)

Name	
Address	
Country of incorporation	
(or Nationality if individual)	
Date of incorporation	
(or date of birth if individual)	
Percentage holding (%)	

Please send copies of government-issued documents.

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Anti-money laundering section

Date:

Is your company subject to Anti-	Yes:
Money Laundering/Combating	
financial terrorism Law/Regulation?	
If yes, please give details of the regulation and	
regulator	No:
What payment method do you	Bank transfers:%
usually use to pay suppliers? Please state the (approximate) percentage (%) for each	Cheques/checks:%
	Cash:%
Do you have any KYC policies or	
procedures?	
If so please include copies	
Do you monitor unusual and	
potentially suspicious activity of your	
counterparties?	
If so please give details	
Do you have a procedure to prevent,	
detect and report suspicious	
transactions from your counterparties	
to the relevant authority?	
If so please give details	
Do you have policies covering	
relationships with politically exposed	
persons (PEP's), their family and close	
associates?	
If so please give details	
Do you have a maximum amount	
allowed for cash payments?	
If yes, how much is it?	
Additional information	
Space for additional information	
Signed:	
Print name:	
Job title:	