



# Questionnaire for a Legal Entity

Initial entry of information

Change of information

Information update

## 1. INFORMATION ABOUT LEGAL ENTITY

Full name of the legal entity			
Previous name (if there were any changes)			
Country of incorporation			
Registration number		Registration date	
Registration authority			

## 2. CLASSIFICATION

<input type="checkbox"/> Fund	<input type="checkbox"/> Trust
<input type="checkbox"/> Private company limited by shares	<input type="checkbox"/> Foundation
<input type="checkbox"/> Public corporation	<input type="checkbox"/> Unincorporated business, partnership or other legal person with no legal substance
<input type="checkbox"/> Firm, which provides investment services and/or performs investment activities consisting exclusively in dealing on own account	<input type="checkbox"/> Company involved in electronic gambling and gaming through the Internet
<input type="checkbox"/> Investment firm, which provides investment services and/or performs investment activities to the clients, or credit institution	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Government agency or public authority	<input type="checkbox"/> Other (please specify)

## 3. ADDRESSES

Registered address	Postcode		Country	
	Address			
Business address <input type="checkbox"/> matches with registered address	Postcode		Country	
	Address			
Postal address <input type="checkbox"/> matches with registered address <input type="checkbox"/> matches with business address	Postcode		Country	
	Address			

## 4. CONTACTS

Phone number		Fax number	
Email address		Website (if any)	

\_\_\_\_\_  
Signature of the person signing on behalf of the entity



[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

**9. INFORMATION ON LICENSES (PERMITS)**

License (/Permit) Number	Type of Activity	Issuing Authority	Date of Issuance	Validity Period

**10. CORPORATE GOVERNANCE (if applicable)**

The name of the Client’s external auditor	
The details of any industry association or self-regulatory organization the Client is a member of	
Does the Client have a Risk Management Policy in place and the Risk Management body (officer)	
Does the Client have a Code of Business Conduct (Ethics) in place	
Does the Client have an Anti-Corruption Policy in place	

**I hereby certify that the information in this Questionnaire is true to the best of my information, knowledge and belief.**

Name of person signing on behalf of the entity

Date

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Signature

Stamp of the entity

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Signature of the person signing on behalf of the entity

**1. AUTHORIZED PERSONS (/REPRESENTATIVES)**

Name	Email address	Phone number	Fax number	Specimen signature

**I hereby certify that information provided above is true and valid to the best of my information, knowledge and belief.**

Name of the person signing on behalf of the entity:

Date

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Signature

Stamp

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Signature of the person signing on behalf of the entity



**Veles International**  
L I M I T E D

## Beneficial Owner's Declaration

### 1. GENERAL INFORMATION

Name (First, Last, Middle)				
Previous name (if applicable)				
Citizenship				
Identity document	Type	Series	Number	Issue date
Residential address				
Occupation (recent professional activity)				
Current (last) employer (if applicable)				

### 2. SOURCE OF WEALTH\*

<input type="checkbox"/>	Salary and compensation	<input type="checkbox"/>	Family funds	<input type="checkbox"/>	Heritage	<input type="checkbox"/>	Own business	<input type="checkbox"/>	Investments
<input type="checkbox"/>	Royalties	<input type="checkbox"/>	Other						

\* The origin of funds directed by the Beneficial Owner for commencing and financing the company (the Client). The Client (Beneficial Owner) should be prepared to produce the respective documentary evidence, e.g. public or employer's open records of the position occupied, employers' references, salary slips, own firm's financial statements, tax accounts, etc. For family funds the respective documents (financial accounts, etc.) may be requested.

### 3. BENEFICIAL OWNER PERSONAL DECLARATIONS

Question	YES	NO	If yes, please elaborate
Have you in 5 recent years held a public office or a senior position at a state controlled company? Please also indicate if you are or have been a family member or a close associate of such a person.	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements involving fraud or moral demerit, including offences against the legitimate goods of ownership and property (e.g. theft, embezzlement, fraud), bribery and venality, breach of trust, forgery, issue of bad checks, tax evasion, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements concerning money laundering activities, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements concerning the undue exploitation of confidential/privileged information, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted or are any charges or investigation procedures pending against you for offences or infringements concerning manipulation of the stock market price of a financial instrument, which was subject to trading on an organized market, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been convicted or are any charges pending against you for any other punishable act, which is not related to the exercise of your professional duties, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been involved in cases (including also pending cases), which were the object	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of the person signing on behalf of the entity

of an administrative or disciplinary control or the imposition of administrative or disciplinary sanctions by competent supervisory authorities, previous employers or professional bodies and associations, either in Cyprus or abroad, in terms of: i. Serious administrative or disciplinary infringements, or ii. Inadequate execution of the duties assigned to you, or iii. Infringements of the internal rules of operation of the firm or the code of ethics and professional conduct?			
Have your license for the exercise of a specific business activity or your membership status ever been revoked by competent supervisory authorities or professional bodies and associations (including also pending cases), either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been involved in judicial proceedings (including also pending cases) concerning the payment of damages in relation to the provision of investment and ancillary services, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have any complaints or protests ever been, specifically and justifiably, filed in writing against you (including also pending cases) in relation to investment and ancillary services, for the provision of which you were responsible, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been declared bankrupt during the last ten years (including also pending cases) or have any of your assets been confiscated or have any of your bills of exchange or notes been subject to protest or were you obliged to transfer any of your assets to your creditors or have you failed to fulfill your obligations arising from a verdict against you within one year from the issue of such verdict, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever obstructed the efficient exercise of supervision by a competent supervisory authority in the broader financial sector?	<input type="checkbox"/>	<input type="checkbox"/>	
State, whether your auditors have been replaced during the last five years (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	
Have, during the last ten years, any extraordinary audits been conducted on your financial and accounting records by a supervisory authority, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you been, during the last ten years, subjected to an investigation inquiry by a supervisory authority, either in Cyprus or abroad?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you or your immediate family members or close associates hold a position in any government body? If yes, please provide details.	<input type="checkbox"/>	<input type="checkbox"/>	

**I hereby certify that the information in this Declaration is true to the best of my information, knowledge and belief.**

Name of person signing

Date

Signature

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Signature of the person signing on behalf of the entity