

KNOW YOUR CUSTOMER (KYC) FORM

INDIVIDUALS (NATURAL PERSONS)



The purpose of this KYC form is to assist Loomis International (herein after "LI") fulfill its requirement to identify its customers according to the Anti-Money Laundering (AML) and Counter-Terrorism Financing (CTF) laws and regulations. This KYC Form must be completed by all potential customers and submitted to LI. KYC Forms that are incomplete, or not submitted with the requisite supporting documentation will be rejected. Any agreement entered into between LI and the Customer, or any obligation to provide services thereunder, is subject to the submission of the KYC Form which has been completed to the satisfaction of LI, and to LI's approval of the Customer at its sole discretion. LI is under no obligation to provide reasons for the rejection of a Customer.

1. CONTRACTING PARTY DETAILS

(Internal use only)

KYC Number:

Customer Name	<input style="width: 95%; height: 20px;" type="text"/>	From <small>(MM/YYYY)</small>	To <small>(MM/YYYY)</small>
Current Residential Address	<input style="width: 95%; height: 100px;" type="text"/>		
Previous Residential Addresses <small>(if less than 5 years)</small>	<input style="width: 95%; height: 100px;" type="text"/>		

**Please continue on a separate page if necessary*

Services to be provided by LI <small>[<input checked="" type="checkbox"/> Mark all that apply]</small>	<input type="checkbox"/> Transportation	<input type="checkbox"/> Storage	<input type="checkbox"/> Other (please specify): <input style="width: 95%; height: 20px;" type="text"/>
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2. ORIGIN OF THE ASSETS

<input type="checkbox"/> Professional & Business Activities	<input type="checkbox"/> Investment	<input type="checkbox"/> Sale of Assets	<input type="checkbox"/> Other Sources (please specify): <input style="width: 95%; height: 20px;" type="text"/>
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Loomis International (for internal use only)

Place, Date:
Checked by (Name, Signature):

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3. BENEFICIAL OWNERS

Only list those *natural persons* holding greater than (>)24% and certified copies of their ID.

The contracting party is the only Beneficial Owner of the assets.			
<input type="checkbox"/> Yes <input type="checkbox"/> No → (complete below)			
Name (Surname, First Name)	Ownership % (if >24%)	Date of Birth	Nationality(ies)

**Please continue on a separate page if necessary*

4. POLITICALLY EXPOSED PERSONS¹

Please confirm whether you or any of the beneficial owners who may be involved in the transactions are Politically Exposed Persons ("PEPs"). <input type="checkbox"/> No owners, directors, officers, managers, shareholders, any other persons listed above, or any other employees who may be involved in the Transaction are PEPs. <input type="checkbox"/> Yes → (complete below)		
Name	Reason for PEP status (e.g. public role held)	Source of wealth of funds of PEP

5. PRIMARY SUPPORTING DOCUMENTATION

We ask you to provide LI with legible copies of the following documents, where applicable (**please mark ☒**):

1. ☐ Certified copy of Passport/Identity² Card for Contracting Party/Beneficial Owners with ownership of >24%
2. ☐ Proof of Residential Address e.g. copy of utility bill³ or copy of lease / tenancy certificate
3. ☐ Trusts: please submit trust structure documentation⁴
4. ☐ Proof that the primary signatory is authorized to sign e.g. Power of Attorney or similar

¹ "Politically Exposed Persons" are individuals who currently or have previously occupies a prominent public position or functions in a government body or international organization. This definition also extends to their immediate family members and close associates.

² Documents must be valid, and certification must be by an official authority not more that 1 year

³ Utility Bill must not be older than 3 months

⁴ LI reserves the right to request proof of the origin of the goods

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6. DATA PRIVACY STATEMENT

We process your personal information in order to meet the legal requirements, to manage our relationship with you and to provide you with the requested services. Customer information will be treated with strictest confidentiality. Under no circumstances will data be forwarded to third parties, unless LI is required to do so by law. LI may share your information with our affiliates. This may also be outside the EU. You have the right to request a copy of the information we hold about you, to delete that information, and / or to ask us to correct the information that you believe is inaccurate, unless there are any pending procedures in progress. Please write to us at: dataprotection@int.loomis.com

7. DECLARATION

By signing below, you:

1. hereby confirm irrevocably and unconditionally that the information provided in this form is true, accurate and complete. Providing false information with the intention to deceive will result in penalties pursuant to the locally applicable law.
2. confirm that the enclosed photocopies are true and accurate copies of the original documents and that such copies have been authenticated or certified by an official authorized by your place of jurisdiction.
3. confirm and declare that you are neither involved in criminal activities nor in money laundering activities and that the goods you are transferring to LI for the purpose of transport or storage do not derive from any illegal activities.
4. authorize LI to obtain independent verification of the information you have supplied.
5. confirm that LI may accept the instructions or signature of another person for whom an authorization has been submitted to us.
6. agree that, if requested to do so by LI, will provide further information and / or documents as may be needed to verify the above information.
7. and the contracting party hereby undertakes to notify LI without further request, of any changes in the information provided herewith.
8. confirm that at the place where the beneficial owner is liable for taxation, he/she complies with all pertinent fiscal regulations applying to the assets, which LI has been contracted to transport or store.
9. hereby declare that the natural persons listed on this form are the beneficial owners of the assets.
10. you acknowledge and agree that your personal data will be processed and retained
11. agree and consent to the use of electronic signatures solely for the purposes of executing this form and such electronic signature(s) shall be deemed to have the same full and binding effect as a handwritten signature.

Please enter the name of the signatory as well as the date and place in the respective boxes and sign the form. This form will not be accepted or processed without the required signature/s (sole signatory or two joint signatories).

Place, date: <input style="width: 90%;" type="text"/>	Place, date: <input style="width: 90%;" type="text"/>
Surname, first name in block letters: <input style="width: 90%;" type="text"/>	Surname, first name in block letters: <input style="width: 90%;" type="text"/>
Signature of the contracting party: <input style="width: 90%;" type="text"/>	Signature of the second contracting party: <input style="width: 90%;" type="text"/>

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Place, Date:
Checked by (Name, Signature):