

### KYC FORM (NON-INDIVIDUAL)

Customer ID:	<input type="text"/>
Dedicated A/C manager:	<input type="text"/>
Phone:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Ext. <input type="text"/> <input type="text"/> <input type="text"/>
Email:	<input type="text"/>
Date of enrollment:	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	D D M M Y Y Y Y

*(For office use)*

\* Required field

#### POINT OF CONTACT (POC)

Full Name: *	<input type="text"/>				
Gender: *	Male	Female	Others		
Date of birth: *	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
	<small>(DD/MM/YYYY)</small>			Age:	<input type="text"/>
Marital Status:	Married	Unmarried	Others		
Religion:	Muslim	Hindu	Buddhist	Christian	Others
Designation: *	<input type="text"/>				
National ID No: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport No:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	Citizenship:	<input type="text"/>	Language:	<input type="text"/>
Mobile No: *	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Ext. <input type="text"/>
E-mail: *	<input type="text"/>		Billing E-mail:	<input type="text"/>	

#### C-SUITE EXECUTIVE/OWNER

Same as Point of Contact (POC)	
Name: *	Designation: *
Mobile No: *	E-mail: *

#### ORGANIZATION DETAILS

Legal Name: *	<input type="text"/>		
Type of organization: *	Sole Proprietorship   Partnership   Joint Venture Private Ltd. Company   Public Ltd. Company   Government Semi Government/Autonomous   Trust   NGO/NPO   Club/Society Educational Institute   Religious Institute   Others		
Registration Number: *	<input type="text"/>		
Registering Authority: *	<input type="text"/>		
Electronic Tax/TIN No:	<input type="text"/>	VAT Number:	<input type="text"/>
Telephone:	<input type="text"/>	Fax:	<input type="text"/>

REGISTERED ADDRESS:	BUSINESS/OFFICE ADDRESS:
	Same as registered address
Address: *	Address: *
House No:	House No:
Road No:	Road No:
State:	State:
City: *	City: *
ZIP Code: *	ZIP Code: *
Country: *	Country: *

BUSINESS RELATED INFORMATION	
Type of Business: *	Trading    Service    Manufacturing
Type of Product or Service: *	
Number of employees: *	
Annual Turnover: *	
Net worth of the Business: *	
Other information:	

APPLICANT IS REQUIRED TO ATTACH	
Business registration proof: *	
Identity proof: *	

**UNDERTAKING:**

1. I/We hereby declare that the company and its shareholders/directors are not engaged in any illegal activities or financing of terrorism, or the manufacture or proliferation of weapons of mass destruction or listed under any sanction’s programs by the U.S. Department of the Treasury;
2. I/We will abide by any other condition, which may be stipulated by QOLAC;
3. I/We declare that the company will pay over to QOLAC all fees due it as prescribed by the Fee Schedule;
4. I hereby declare that the information provided in this form is accurate and complete. I confirm that any information is found incorrect and/or incomplete that leads a violation of regulations may initiate legal actions, and I accept that I am the responsible party for any and all charges, penalties and violations;

<p>On behalf of</p>          <p><b>Signature and Seal</b></p> <p>Date:            -            -</p> <p><i>(e-Sign acceptable)</i></p>	<p><b>Approved by</b></p>          <p>Seal with name, Signature &amp; date Manager/C-suite executive</p>
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Send this form to  
[support@qolac.com](mailto:support@qolac.com)

DOCUMENT INFORMATION	
Type:	Form
Number:	FEC1
Title:	KYC Form (Non-Individual)
Related documents:	KYC Form – Individual Data Processing Regulation
Distribution:	Public, Internet
Filename and location:	OneDrive-Business\Documents\Core\Forms\KYC Form – Non-Individual
Notes:	
FOR FINAL DOCUMENT	
Approved by:	Chairman of the Board
Date of approval:	26 December 2022
Enters force:	1 January 2023
Date of last amendment	23 January 2023