



- 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>Signature with Date <i>(e-Sign acceptable)</i></p>	<p>Approved by</p> <p>Seal with name, Signature & date Manager/C-suite executive</p>
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Send this KYC form to
support@qolac.com

DOCUMENT INFORMATION	
Type:	Form
Number:	FEC2
Title:	KYC Form (Individual)
Related documents:	KYC Form (Non-Individual) Data Processing Regulation
Distribution:	Public, Internet
Filename and location:	OneDrive-Business\Documents\Core\Forms\KYC Form – 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:	5 March 2024