



**Know Your Client (KYC), Anti-Money Laundering (AML)/Combating Financing of Terrorism (CFT)
INFORMATION FORM**

NOTE: The information and supporting documents requested on this form will be used for the sole purpose of East Africa Reinsurance Company (EARE) internal KYC/AML/CFT compliance procedures as guided by the provisions of the Insurance (Anti-Money Laundering and Combating Financing of Terrorism) Guidelines, 2020 issued by the Insurance Regulatory Authority; the Proceeds of Crime and Anti-Money Laundering Act, 2009 (POCAMLA); and the Prevention of Terrorism Act, 2012 (POTA).

In line with the provisions of the Kenya Data Protection Act, 2019, information provided on this form is considered confidential and will therefore not be disclosed to any third party or used for any other purpose except as described above and by signing this form, you consent that EARE can process this information accordingly.

1 CLIENT INFORMATION

Full Legal Name	
Registered Physical Address	
City	
Country	
Telephone Number	
Email Address	
Website	

2 INCORPORATION (Attach relevant registration documents e.g. Certificate of registration, Regulatory License)

Date of Incorporation or Registration	
Country of Registration	
Company Registration Number <i>(Attach a copy of the Certificate of Registration)</i>	
Licensing/Regulatory Authority <i>(Please attach a copy of your latest license)</i>	
Entity Type <i>(Limited Company, Sole proprietorship, Partnership, Other)</i>	
Please specify if "Other"	
Business Sector <i>e.g. Insurance, Financial Services, Construction, etc</i>	
Principal Activity	

3 OWNERSHIP STRUCTURE

- a) Please disclose the Shareholding structure of the legal entity *(Use additional sheets if required)*

Registered Name	Registration Country	Shareholding (%)

- b)

Ultimate Beneficial Owner(s) <i>(Natural Persons)</i>	
--	--

4 ORGANISATION STRUCTURE

- a) Please provide the list of all current Directors. *(Use additional sheets if necessary)*

Full Name	Country of Residence	Nationality	Identification Number*	Type of ID Doc.

**Provide details of at least one identification document*

- b) Please provide the list of all current Senior Managers. *(Use additional sheets if necessary)*

[illegible]

**Provide details of at least one identification document*

- b) Are any of the company's shareholders, directors, senior management or their respective family members or close associates:

1. A member of cabinet	
2. A senior executive of a state owned Corporation	
3. An important political party official	
4. A senior military official or other member of the disciplined forces	
5. A member of the judiciary	
6. A senior state officer	
7. A senior public officer	
8. A senior official of an international organization	

- (i) If Yes, Give details below:

5 FINANCIAL INFORMATION

- Please attach your latest Audited Financial Statements.
- Please attach your up to date banking details.
- Please attach a copy of your TAX & PIN Certificate

- d)
- Financial Strength Rating (If applicable)**

Current security rating	
Rating agency	
Attach a copy of the latest rating certificate	

6 ANTI-MONEY LAUNDERING AND COUNTERING FINANCING OF TERRORISM PROCEDURES

- a) Is your entity domiciled in a jurisdiction with established laws and regulations on Anti-Money Laundering and Counter-Terrorist Financing?

- b) Has your entity (including its branches and subsidiaries) developed an internal policy on Anti-Money Laundering and Counter-Terrorist Financing?

- c) If "Yes", please sign the Anti-Money Laundering (AML) Declaration below

We hereby confirm that:

1. We have developed written policies and procedures for detecting, preventing and reporting on incidents of money laundering and/or financing of terrorism.
2. We undertake due care to identify and know clients on whose behalf we conduct transactions.
3. We provide relevant training on anti-money laundering and combating financing of terrorism (AML/CFT) to our employees.
4. We subject and enforce the above AML/CFT policies, procedures and training to all our agents, branches and subsidiaries.

Full Name	Designation	Signature & Date
-----------	-------------	------------------

7 DECLARATION

I hereby certify that the above information is true and accurate to the best of my belief. Should any material changes arise, East Africa Re will be notified at the earliest opportunity

Full Name	Designation	Signature & Date
-----------	-------------	------------------