KYC Form

Legal Persons

**Prepared by:** Compliance Department

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# Legal Framework

The present Identification Form constitutes a treatment of personal data in the meaning contained in Portuguese Law No. 58/2019, of 8 August.

**Banco Português de Fomento, S.A**. (hereinafter referred to as Bank or BPF)– headquartered at Rua Prof. Mota Pinto, 42F, 2º, Sala 211, 4100-353 Porto, Portugal – is the entity responsible for processing the data.

The **purpose** underlying the data collection and processing is to comply with legal and regulatory requirements to Combat Money Laundering and Terrorist Financing – Portuguese Law No. 83/2017, of 18 August.

The **recipients** of the data made available through the Identification Form are the Bank's employees responsible for ensuring compliance with legal obligations to Combat Money Laundering and Terrorist Financing. The Bank may also rely on third parties to store the information in compliance with the General Data Protection Regulation.

Completion of this file is **mandatory** under the terms and provisions of Portuguese Law No. 83/2017, of 18 August.

The **rights of access and rectification** conferred by Law, may be exercised by the data subject through a written request addressed to the Data Protection Officer by email – protecao.dados.pessoais@bfomento.pt – or registered mail.

Under the terms of applicable legislation and regulations the Client/Counterpart undertakes the obligation to communicate, in writing, to the BPF **any changes** regarding the identification elements or the remaining information provided in this Identification Form.

## Regarding the Client / Counterpart - Legal Person

*Please fill in capital letters*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name |  | |
|  | Business activity |  | |
|  | Headquarters |  | Country: |
|  | Primary place of business | *If different from above* | Country: *If different from above* |
|  | Corporate Identification | N.º: | |
|  | Country of incorporation |  | |
|  | Classification of economic activity |  | |
|  | License/Permit/Authorization | N.º: | Issued by: |
|  | Partners/Shareholders | *Please list all partners/shareholders who directly or indirectly hold a percentage equal or superior to 5%.* | |
|  | Purpose of the business relationship with BPF |  | |
|  | Source of funds |  | |
|  | Destination of funds |  | |
|  | US Person?[[1]](#footnote-1) | Yes \_\_\_\_ / No \_\_\_\_ | |

## Regarding the Legal Representative(s) of the Client / Counterpart

*Please fill in capital letters*

*Please fill a table for each legal representative*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name |  | | | |
|  | Signature |  | | | |
|  | Date of birth |  | | | |
|  | Nationality |  | | | |
|  | Identification | N.º: | Issuance date: | | Expiration date: |
|  | Tax Identification | N.º | | | |
|  | Profession |  | Employer: | | |
|  | Permanent residence |  | | Country: | |
|  | Tax residence | *If different from above* | | Country: *If different from above* | |
|  | Place of birth |  | | | |
|  | Are you a Politically Exposed Person?[[2]](#footnote-2) | Yes \_\_\_\_ / No \_\_\_\_ | | | |
|  | Are you a relative of a Politically Exposed Person? | Yes \_\_\_\_ / No \_\_\_\_ | | | |
|  | Are you a close associate of a Politically Exposed Person? | Yes \_\_\_\_ / No \_\_\_\_ | | | |
|  | US Person?[[3]](#footnote-3) | Yes \_\_\_\_ / No \_\_\_\_ | | | |

## Regarding the Ultimate Beneficial Owner(s)[[4]](#footnote-4) of the Client / Counterpart

*Please fill in capital letters*

*Please fill a table for each Ultimate Beneficial Owner*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Name |  | | | |
|  | Signature |  | | | |
|  | Date of birth |  | | | |
|  | Nationality |  | | | |
|  | Identification | N.º: | Issuance date: | | Expiration date: |
|  | Tax Identification | N.º | | | |
|  | Profession |  | | Employer: | |
|  | Source of funds |  | | | |
|  | Permanent residence |  | | | |
|  | Tax residence |  | | | |
|  | Place of birth |  | | | |
|  | Number of shares |  | | | |
|  | Are you a Politically Exposed Person?[[5]](#footnote-5) | Yes \_\_\_\_ / No \_\_\_\_ | | | |
|  | Are you a relative of a Politically Exposed Person? | Yes \_\_\_\_ / No \_\_\_\_ | | | |
|  | Are you a close associate of a Politically Exposed Person? | Yes \_\_\_\_ / No \_\_\_\_ | | | |
|  | US Person?[[6]](#footnote-6) | Yes \_\_\_\_ / No \_\_\_\_ | | | |

# documents required

## 

## Regarding the Client / Counterpart - Legal Person

|  |  |  |
| --- | --- | --- |
|  | Document | Requirements |
|  | Business registration certificate or equivalent | Issuance date not superior to one year |
|  | Ownership structure chart | Ownership structure chart up to the Ultimate Beneficial Owners |
|  | Ultimate Beneficial Owners registration certificate | Certificate of Ultimate Beneficial Owners registration or any other equivalent document |

## Regarding the Legal Representative(s) of the Client / Counterpart

|  |  |  |
| --- | --- | --- |
|  | Document | Requirements |
|  | Identity Document | Copy of ID Card. Ex: Citizen Card, Driver’s license, Passport or any other equivalent document |
|  | Tax identification document | (If different from above) |
|  | Certificate of Permanent residence | Ex: Governement issued certificate, Utilities invoice or any other equivalent document |
|  | Certificate of Tax residence | If different from above) |
|  | Proof of Profession | Ex: Employer statement, Employment contract, Payslip or any other equivalent document |

## Regarding the Ultimate Beneficial Owner(s) of the Client / Counterpart

|  |  |  |
| --- | --- | --- |
|  | Document | Requirements |
|  | Identity Document | Copy of ID Card. Ex: Citizen Card, Driver’s license, Passport or any other equivalent document |
|  | Tax identification document | (If different from above) |
|  | Certificate of Permanent residence | Ex: Governement issued certificate, Utilities invoice or any other equivalent document |
|  | Certificate of Tax residence | If different from above) |
|  | Proof of Profession | Ex: Employer statement, Employment contract, Payslip or any other equivalent document |

Date:

Employee signature:

1. For the purpose and in accordance with the Foreign Account Tax Compliance Act (FATCA). If so, please provide documentary evidence. [↑](#footnote-ref-1)
2. For the purpose and in accordance with Article 2 of Portuguese Law n.º 83/2017 of 18 August. [↑](#footnote-ref-2)
3. For the purpose and in accordance with the Foreign Account Tax Compliance Act (FATCA). If so, please provide documentary evidence [↑](#footnote-ref-3)
4. The individual or individuals who directly or indirectly ultimately own or control the client / counterpart. [↑](#footnote-ref-4)
5. For the purpose and in accordance with Article 2 of Portuguese Law n.º 83/2017 of 18 August. [↑](#footnote-ref-5)
6. For the purpose and in accordance with the Foreign Account Tax Compliance Act (FATCA). If so, please provide documentary evidence [↑](#footnote-ref-6)