



## Know your client questionnaire *Juristic Persons*

*This form must be completed by individuals who enter into a relationship with Agribank of Namibia. This includes individuals associated with entities such as Company directors, Close corporation members, Trustees, Partners and all individuals acting on behalf of an entity.*

Company		Partnership	
Close corporation		Trust	
Other legal persons (Please specify)			

Registration Name: .....

Registration Number: ..... Country Issued: .....

Nature of Business: .....

Income Tax Number: ..... VAT Registration Number: .....

Date of Incorporation: .....

Registered (Physical) Address: .....

Postal Address: .....

Business Address (If different from registered address):  
.....  
.....

Business Tel: ..... Business Fax: .....

E-mail Address: .....

Beneficial ownership (No. of shareholders, members, partners or trustees) .....

Particulars of Beneficial Owners (Indicate Full Names and identification numbers):  
.....  
.....  
.....  
.....

**Are any of the members/Directors Politically Exposed Persons/Foreigners? .....if yes complete the EDD form.**

**FOR OFFICIAL USE:**

Deed of Trust/IDs of Trustees		Certificate of Good standing from Finance	
Trust Certificate		Partnership Agreement	
Founding Statement/ Members IDs		Memorandum of Associations & IDs of Directors	
Certificate of Incorporation			

Signature of Sales Consultant: ..... Date: .....

Signature of Control Officer: ..... Date: .....