

Know Your Business (KYB) and Beneficial Ownership

Who completes this form: Every company, trust, partnership or other entity that is a client, a depositor or a payee.

Fields marked * are required. You may type into this form before printing. Then print it, sign it by hand, scan it and upload it in the client portal at toppaymaster.com/portal/forms.

1. Company information

Full legal name of the entity *

Trade names or DBAs

Type of entity *

Country and state of formation *

Date of formation *

Registration or file number *

Country where the entity is taxed *

Website

Registered office address *

Principal place of business, if different

Company phone (with country code) *

Company email *

Nature of the business and main products or services *

Countries where the company does business *

Is the company licensed or regulated (for example a bank, broker, exchange or money services business)? *

If yes, regulator and license number

Are the company's shares listed on a stock exchange? *

If yes, which exchange and symbol

2. Authorized signer

Full name *

Title *

Email *

Phone (with country code) *

Source of signing authority *

3. Beneficial owners (25% or more)

List every person who directly or indirectly owns 25% or more of the entity. If another company is an owner, list the people behind it. If no person owns 25%, leave this section blank and complete section 4.

Beneficial owner 1

Full legal name

Date of birth

Citizenship(s)

Residential address (street, city, country)

Ownership percentage

Enter a number, for example 50

Title or how they control the company

Politically exposed person?

On any sanctions list?

Beneficial owner 2

Full legal name

Date of birth

Citizenship(s)

Residential address (street, city, country)

Ownership percentage

Enter a number, for example 50

Title or how they control the company

Politically exposed person?

On any sanctions list?

Beneficial owner 3

Full legal name

Date of birth

Citizenship(s)

Residential address (street, city, country)

Ownership percentage

Enter a number, for example 50

Title or how they control the company

Politically exposed person?

On any sanctions list?

Beneficial owner 4

Full legal name

Date of birth

Citizenship(s)

Residential address (street, city, country)

Ownership percentage

Enter a number, for example 50

Title or how they control the company

Politically exposed person?

On any sanctions list?

4. Control person

One person with significant responsibility to control or manage the entity, such as the CEO, managing member, general partner or trustee.

Full legal name *

Title *

Date of birth *

Citizenship(s) *

Residential address *

5. Directors, officers and managers

Names and titles of all directors, officers, managers or trustees *

6. Sanctions and legal history

Is the entity, any owner, director or officer named on a sanctions list, or is the entity organized, located or doing business in a sanctioned country or region? *

Is any owner, director or officer a politically exposed person or a close family member or associate of one? *

Has the entity, any owner, director or officer been convicted of, or is it under investigation for, fraud, money laundering, bribery, sanctions violations or another financial crime? *

Does the entity have no physical office and no employees (a holding or shell company)? *

If you answered Yes to any question in this section, explain here

7. Declarations

I am authorized to sign this form for the entity named above. I declare that the information in this form, including the list of beneficial owners, is true, correct and complete, and that no person who owns 25% or more of the entity, or who controls it, has been left out.

I authorize Law Office of Madaen to verify the information in this form and to screen me, and any company I represent, against the sanctions and watch lists published by the U.S. Department of the Treasury Office of Foreign Assets Control (OFAC), the United Nations, the European Union, the United Kingdom and other public sources, both now and while any funds are held.

I understand that Law Office of Madaen may refuse to accept funds, may hold funds, or may return funds to the account they came from if any information is incomplete, inconsistent or untrue, if a screening result needs review, or if the law requires it.

Law Office of Madaen is not required to explain the reason when the law does not allow it.

I will tell Law Office of Madaen in writing, within five business days, about any change to the information in this form.

☐ I agree to the declarations above for myself and for the entity.

Signatures

Sign by hand after printing, or with your PDF reader's signing tool. By signing, you confirm that everything in this form is true and complete and you agree to its terms.

Client (or authorized signer)	Printed name
	Title (if signing for a company)
	Date
Signature	

Supporting documents

Please also upload: certificate or articles of formation; operating agreement, bylaws or shareholder register showing the owners; a certificate of good standing issued within the last 90 days; a resolution or other document authorizing the signer to act for this transaction; passport or ID for each beneficial owner and the signer; and IRS Form W-9 (U.S. entity) or W-8BEN-E (non U.S. entity). Each beneficial owner and the signer also creates a portal account and completes the Client Information Sheet. Upload this signed form and your documents in the client portal at toppaymaster.com/portal/forms. If you cannot upload, call (714) 782-7275.