

# English template of KYC Form - Identification duties in relation to the Anti-Money Laundering Law – Data Record Update (EULUX)

The law related to the fight against money laundering and terrorist financing obligates payment service providers to identify their clients as well as their beneficial owners. Such identification must be verified on a regular basis and must be complemented with up-to-date supporting documents. Worldline Financial Services (Europe) S.A. is obliged to carry out this data record update and assures its clients of the utmost diligence with respect to the personal data confided to it.

This form can be downloaded. Use the following link to do so: [Contracts SOFIE \(www.sofie.lu\)](http://www.sofie.lu)  
Prior to submission, forms filled are to be printed out, duly signed and accompanied with copies of the supporting documents required.

## IDENTIFICATION INFORMATION

**Company name**

**SOFIE ID Number (99990XXXX)** (only for existing SOFIE user)

**Client address**

Street no:

City:

States/Provinces:

Country:

**Registered address (if not the same as above)**

Street no:

City:

States/Provinces:

Country:

**Tax Identification Number, Legal Entity Identifier or other identification number (if applicable)**

**Point of contact**

Name and First Name

Email

**Please indicate below your sector of activity**

|                                 | Sector   |  |
|---------------------------------|--|--|
| Financial sector                | Banks  |  |
|                                 | Investment sector  |  |
|                                 | Insurance  |  |
|                                 | MVTS, SOPARFI, MSB (...)   |  |
|                                 | Specialised PFSs   |  |
|                                 | Market operators   |  |
|                                 | Support PFSs & other specialized PFSs  |  |
| Non-financial sector            | Legal professions, chartered accountants, auditors, accountants and tax advisors |  |
|                                 | Gambling   |  |
|                                 | Real Estate  |  |
|                                 | Dealers in goods/services  |  |
|                                 | Freepoint operators  |  |
| Legal entities and arrangements | Public Institution/Services: Education, Hospitals (...)                          |  |
|                                 | Foundations, trust, associations (...)   |  |

**LEGAL REPRESENTATIVES**

**Legal representative 1<sup>2</sup>**

|     |     |                            |                           |         |                    |                |
|-----|-----|----------------------------|---------------------------|---------|--------------------|----------------|
| Ms. | Mr. | First name                 |                           |         |                    | Last name      |
|     |     | Function                   |                           |         |                    | Phone          |
|     |     | E-mail                     |                           |         |                    |                |
|     |     | <b>Private information</b> | Street/no                 |         |                    |                |
|     |     |                            | Postal Code/City/ Country |         |                    |                |
|     |     | Date of birth              |                           |         |                    | Place of birth |
|     |     | Nationality                |                           |         |                    |                |
|     |     | Proof of identity          | Passport                  | ID card | Other <sup>1</sup> | Document no.   |
|     |     | Issued in City/ Country    |                           |         |                    | Issued by      |
|     |     | Issued on                  |                           |         |                    | Expiry date    |

**Legal Representative 2**

|     |     |                            |                           |         |       |                |
|-----|-----|----------------------------|---------------------------|---------|-------|----------------|
| Ms. | Mr. | First name                 |                           |         |       | Last name      |
|     |     | Function                   |                           |         |       | Phone          |
|     |     | E-mail                     |                           |         |       |                |
|     |     | <b>Private information</b> | Street/no                 |         |       |                |
|     |     |                            | Postal Code/City/ Country |         |       |                |
|     |     | Date of birth              |                           |         |       | Place of birth |
|     |     | Nationality                |                           |         |       |                |
|     |     | Proof of identity          | Passport                  | ID card | Other | Document no.   |
|     |     | Issued in City/ Country    |                           |         |       | Issued by      |
|     |     | Issued on                  |                           |         |       | Expiry date    |

**Legal Representative 3**

|     |     |                            |                           |         |       |                |
|-----|-----|----------------------------|---------------------------|---------|-------|----------------|
| Ms. | Mr. | First name                 |                           |         |       | Last name      |
|     |     | Function                   |                           |         |       | Phone          |
|     |     | E-mail                     |                           |         |       |                |
|     |     | <b>Private information</b> | Street/no                 |         |       |                |
|     |     |                            | Postal Code/City/ Country |         |       |                |
|     |     | Date of birth              |                           |         |       | Place of birth |
|     |     | Nationality                |                           |         |       |                |
|     |     | Proof of identity          | Passport                  | ID card | Other | Document no.   |
|     |     | Issued in City/ Country    |                           |         |       | Issued by      |
|     |     | Issued on                  |                           |         |       | Expiry date    |

<sup>1</sup> Residence permit, driving license or any other similar document

<sup>2</sup> A legal representative is a senior/executive manager of the company. This means that he or she is responsible for the daily management and legally represents the company to third parties.

If there are more than 3 legal representatives, please complete the section below, otherwise, please ignore and go to the next page.

**Legal Representative 4**

|                            |     |                           |         |       |                |           |
|----------------------------|-----|---------------------------|---------|-------|----------------|-----------|
| Ms.                        | Mr. | First name                |         |       |                | Last name |
|                            |     | Function                  |         |       |                | Phone     |
|                            |     | E-mail                    |         |       |                |           |
| <b>Private information</b> |     | Street/no                 |         |       |                |           |
|                            |     | Postal Code/City/ Country |         |       |                |           |
| Date of birth              |     |                           |         |       | Place of birth |           |
| Nationality                |     |                           |         |       |                |           |
| Proof of identity          |     | Passport                  | ID card | Other | Document no.   |           |
| Issued in City/ Country    |     |                           |         |       | Issued by      |           |
| Issued on                  |     |                           |         |       | Expiry date    |           |

**Legal Representative 5**

|                            |     |                           |         |       |                |           |
|----------------------------|-----|---------------------------|---------|-------|----------------|-----------|
| Ms.                        | Mr. | First name                |         |       |                | Last name |
|                            |     | Function                  |         |       |                | Phone     |
|                            |     | E-mail                    |         |       |                |           |
| <b>Private information</b> |     | Street/no                 |         |       |                |           |
|                            |     | Postal Code/City/ Country |         |       |                |           |
| Date of birth              |     |                           |         |       | Place of birth |           |
| Nationality                |     |                           |         |       |                |           |
| Proof of identity          |     | Passport                  | ID card | Other | Document no.   |           |
| Issued in City/ Country    |     |                           |         |       | Issued by      |           |
| Issued on                  |     |                           |         |       | Expiry date    |           |

**Legal Representative 6**

|                            |     |                           |         |       |                |           |
|----------------------------|-----|---------------------------|---------|-------|----------------|-----------|
| Ms.                        | Mr. | First name                |         |       |                | Last name |
|                            |     | Function                  |         |       |                | Phone     |
|                            |     | E-mail                    |         |       |                |           |
| <b>Private information</b> |     | Street/no                 |         |       |                |           |
|                            |     | Postal Code/City/ Country |         |       |                |           |
| Date of birth              |     |                           |         |       | Place of birth |           |
| Nationality                |     |                           |         |       |                |           |
| Proof of identity          |     | Passport                  | ID card | Other | Document no.   |           |
| Issued in City/ Country    |     |                           |         |       | Issued by      |           |
| Issued on                  |     |                           |         |       | Expiry date    |           |

## BENEFICIAL OWNERS

Worldline Financial Services (Europe) S.A. is obliged to identify the beneficial owner(s) of the customer. In terms of the anti-money laundering law, the beneficial owner is the natural person who ultimately owns or controls the company through:

- Direct or indirect ownership of a sufficient percentage of the shares, or
- Voting rights or ownership interest in that entity, including through bearer shareholdings, or
- Control via other means, other than a company listed on a regulated market that is subject to disclosure requirements consistent with European Union law or subject to equivalent international standards which ensure adequate transparency of ownership information.

A shareholding of 25% or an ownership interest of at least 25% in the customer held by a natural person shall be an indication of direct ownership. A shareholding of 25% or an ownership interest of at least 25% in the customer held by a corporate entity, which is under the control of a natural person(s), or by multiple corporate entities, which are under the control of the same natural person(s), shall be an indication of indirect ownership

### Identification of the beneficial owners

The following query helps you to correctly assign possible beneficial owners. **Please select the option which applies to the company and provide the requested information:**

- The company is a sole proprietorship, and the sole proprietor is the only beneficial owner.**

|                            |          |                           |       |              |                |           |
|----------------------------|----------|---------------------------|-------|--------------|----------------|-----------|
| Ms.                        | Mr.      | First name                |       |              |                | Last name |
|                            |          | Function                  |       |              |                | Phone     |
|                            |          | E-mail                    |       |              |                |           |
| <b>Private information</b> |          | Street/no                 |       |              |                |           |
|                            |          | Postal Code/City/ Country |       |              |                |           |
| Date of birth              |          |                           |       |              | Place of birth |           |
| Nationality                |          |                           |       |              |                |           |
| Proof of identity          | Passport | ID card                   | Other | Document no. |                |           |
| Issued in City/ Country    |          |                           |       | Issued by    |                |           |
| Issued on                  |          |                           |       | Expiry date  |                |           |

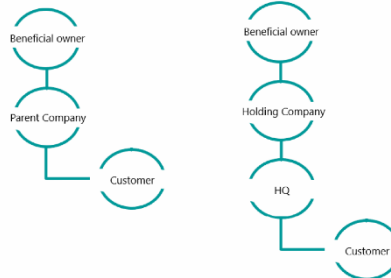
- The company is not a sole proprietorship. There are one or more beneficial owners directly or indirectly holding/controlling a stake of more than 25% in the company or controlling the company by other means.** If this form of beneficial ownership applies to the company, please mark the appropriate ownership structure (section 2.1) and complete the information request for all beneficial owners of the company (page 4-5). *Prior to submission, the filled form needs to be signed and accompanied with the supporting documents required in the checklist document.*

Please mark the ownership structure that applies to the company:

#### Ownership directly



#### Ownership indirectly basic



#### Ownership indirectly extensive



3. **The entity is a fiducie/trust.** Please complete the information request (page 4-5) about the:
- o settlor
  - o all trustees & fiduciaries
  - o protector (if any),
  - o beneficiaries and any such other natural persons exercising ultimate control over the trust (by means of direct or indirect ownership or by other means). In this specific case the previously existing threshold of more than 25% for beneficiaries of trusts is no longer applicable.

*Prior to submission, all forms need to be signed and accompanied with the supporting documents required in the checklist document.*

4. **The entity is a foundation or a legal arrangement similar to trust.** If this form of ownership applies to the company, please complete the information request (page 4-5) on any natural person holding equivalent or similar positions to those referred to in section 3.

*Prior to submission, all forms need to be signed and accompanied with the supporting documents required in the checklist document.*

5. **The company is listed on the stock exchange.** Please provide the information below (no need to complete the beneficial owner section in accordance with the article 3 (2) of the Law of 13 January 2019<sup>3</sup>). *Prior to submission, all forms need to be signed and accompanied with the supporting documents required in the checklist document.*

Name of the stock exchange Trading name/Ticker

6. **There are no direct or indirect beneficial owners in terms of the anti-money laundering law.**

*Prior to submission, all forms need to be signed and accompanied with the supporting documents required.*

- a) The company is a state-owned institution (no need to complete the beneficial owner information insofar as no natural person can be identified as a beneficial owner, the members of the management body of the public institution, legally provided for, in their capacity as principal officer are considered as beneficial owner). **By checking this box, you certify that all the information given in section 1 is correct and corresponds to the above definition**
- b) If there is no one directly or indirectly holding >25% shares, voting rights or controls of the company, then please appoint natural **persons holding the position of senior manager** (e.g., chief executive officer, chief financial officer, chief operational officer, or members of the board of directors, etc.) to complete the beneficial owner section

**Beneficial Owner 1**

|                                |     |                           |                                |       |              |
|--------------------------------|-----|---------------------------|--------------------------------|-------|--------------|
| Same as Legal Representative 1 |     |                           | Same as Legal Representative 2 |       |              |
| Ms.                            | Mr. | First name                | Last name                      |       |              |
|                                |     | Function                  | Phone                          |       |              |
|                                |     | E-mail                    |                                |       |              |
| <b>Private information</b>     |     | Street/no                 |                                |       |              |
|                                |     | Postal Code/City/ Country |                                |       |              |
| Date of birth                  |     | Place of birth            |                                |       |              |
| Nationality                    |     |                           |                                |       |              |
| Proof of identity              |     | Passport                  | ID card                        | Other | Document no. |
| Issued in City/ Country        |     | Issued by                 |                                |       |              |
| Issued on                      |     | Expiry date               |                                |       |              |

**Beneficial ownership**

Direct **The beneficial owner holds a direct capital or voting stake of more than 25% in the company**

Its capital stake in the company amount to \_\_\_\_\_ %  
 Its voting rights, stake, control in the company amounts to \_\_\_\_\_ %

Indirect **The beneficial owner holds a direct capital or voting stake of more than 25% in the company**

Company  
 Reg. Office: Street/no. \_\_\_\_\_ Country \_\_\_\_\_  
 Postal code/city \_\_\_\_\_  
 The beneficial owner's capital stake in the above-mentioned company amounts to \_\_\_\_\_ %  
 The beneficial owner's voting rights stake in the above-mentioned company amounts to \_\_\_\_\_ %

Other (Option 6.b)

<sup>3</sup> [L\\_130119\\_RBE\\_eng.pdf \(cssf.lu\)](#)

**Beneficial Owner 2**

|                                |                           |            |                                |                |  |
|--------------------------------|---------------------------|------------|--------------------------------|----------------|--|
| Same as Legal Representative 1 |                           |            | Same as Legal Representative 2 |                |  |
| Ms.                            | Mr.                       | First name | Last name                      |                |  |
|                                |                           | Function   | Phone                          |                |  |
|                                |                           | E-mail     |                                |                |  |
| <b>Private information</b>     | Street/no                 |            |                                |                |  |
|                                | Postal Code/City/ Country |            |                                |                |  |
| Date of birth                  |                           |            |                                | Place of birth |  |
| Nationality                    |                           |            |                                |                |  |
| Proof of identity              | Passport                  | ID card    | Other                          | Document no.   |  |
| Issued in City/ Country        |                           |            |                                | Issued by      |  |
| Issued on                      |                           |            |                                | Expiry date    |  |

**Beneficial ownership**

Direct                      **The beneficial owner holds a direct capital or voting stake of more than 25% in the company**

Its capital stake in the company amount to                      %

Its voting rights, stake, control in the company amounts to                      %

Indirect                      The beneficial owner holds a direct capital or voting stake of more than 25% in the company

Company

Reg. Office: Street/no.

Postal code/city                      Country

The beneficial owner's capital stake in the above-mentioned company amounts to                      %

The beneficial owner's voting rights stake in the above-mentioned company amounts to                      %

Other (Option 6.b)

**Beneficial Owner 3**

|                                |                           |            |                                |                |  |
|--------------------------------|---------------------------|------------|--------------------------------|----------------|--|
| Same as Legal Representative 3 |                           |            | Same as Legal Representative 4 |                |  |
| Ms.                            | Mr.                       | First name | Last name                      |                |  |
|                                |                           | Function   | Phone                          |                |  |
|                                |                           | E-mail     |                                |                |  |
| <b>Private information</b>     | Street/no                 |            |                                |                |  |
|                                | Postal Code/City/ Country |            |                                |                |  |
| Date of birth                  |                           |            |                                | Place of birth |  |
| Nationality                    |                           |            |                                |                |  |
| Proof of identity              | Passport                  | ID card    | Other                          | Document no.   |  |
| Issued in City/ Country        |                           |            |                                | Issued by      |  |
| Issued on                      |                           |            |                                | Expiry date    |  |

**Beneficial ownership**

Direct                      **The beneficial owner holds a direct capital or voting stake of more than 25% in the company**

Its capital stake in the company amount to                      %

Its voting rights, stake, control in the company amounts to                      %

Indirect                      The beneficial owner holds a direct capital or voting stake of more than 25% in the company

Company

Reg. Office : Street/no.

Postal code/city                      Country

The beneficial owner's capital stake in the above-mentioned company amounts to                      %

The beneficial owner's voting rights stake in the above-mentioned company amounts to                      %

Other (Option 6.b)

**Beneficial Owner 4**

|                                |          |                           |                                |                |  |
|--------------------------------|----------|---------------------------|--------------------------------|----------------|--|
| Same as Legal Representative 3 |          |                           | Same as Legal Representative 4 |                |  |
| Ms.                            | Mr.      | First name                | Last name                      |                |  |
|                                |          | Function                  | Phone                          |                |  |
|                                |          | E-mail                    |                                |                |  |
| <b>Private information</b>     |          | Street/no                 |                                |                |  |
|                                |          | Postal Code/City/ Country |                                |                |  |
| Date of birth                  |          |                           |                                | Place of birth |  |
| Nationality                    |          |                           |                                |                |  |
| Proof of identity              | Passport | ID card                   | Other                          | Document no.   |  |
| Issued in City/ Country        |          |                           |                                | Issued by      |  |
| Issued on                      |          |                           |                                | Expiry date    |  |

**Beneficial ownership**

Direct                      **The beneficial owner holds a direct capital or voting stake of more than 25% in the company**

Its capital stake in the company amount to                      %

Its voting rights, stake, control in the company amounts to                      %

Indirect                      The beneficial owner holds a direct capital or voting stake of more than 25% in the company

Company

Reg. Office: Street/no.

Postal code/city                      Country

The beneficial owner's capital stake in the above-mentioned company amounts to                      %

The beneficial owner's voting rights stake in the above-mentioned company amounts to                      %

Other (Option 6.b)

**Enclosures**

- Statutes; memorandum of association or equivalent and constitutive documentation;
- Extract of registration with a commercial register, a company register (RCS), not older than 3 months, for the customer and for each mentioned legal entity;
- List of authorized signatures (DoA, if not include, or non-exhaustive, in the RCS extract);
- List of directors (if not include, or non-exhaustive, in the RCS extract)
- Structure chart until the UBO (Ultimate beneficial owner) (if at least 3 intermediary layer)
- Shareholder register
- Extract of the RBE (register of beneficial owners)
- Copies of valid official identification document issued by a public authority and which bears signature and picture such as passport, ID card, residence permit, driving license or any other similar document for :
  - Legal representatives
  - Beneficial Owners

*By signing the present form, the Customer confirms that above-mentioned information is accurate, up-to-date and complete. Furthermore, the Customers agrees and undertakes to notify Worldline Financial Services (Europe) SA immediately any changes to its beneficial ownership and/or legal structure. The Customers undertakes to provide Worldline Financial Services (Europe) SA with any additional information/document the latter may request. The Customers acknowledges and accepts that if any of provided information is inaccurate, Worldline Financial Services (Europe) SA is entitled in its sole discretion, to suspend or terminate the agreement with immediate effect.*

|                |  |  |
|----------------|--|--|
| Date and place | Legal representative 1*                | Legal representative 2*                |
|                | * First and last name in block letters | * First and last name in block letters |
| <b>OR</b>      |  | Head of Compliance or Legal*           |
|                |  | * First and last name in block letters |