

MO Capital CUSTOMER DUE DILIGENCE FORM

a. Category: Individual Company Partnership Type: (MAIN (M) / JOINT (J))					
b. Name of Customer (M):					
C. Identification Number (TIN/ID / Passport) (M):(J):(J):					
d. Gender: (M): Alle Female (J): Alle Female					
e. Marital Status: (M): Single Married Divorce (J): Single Married Divorce					
f. Contact Details: (M) Phone number: (J) Phone number:					
(M) Email: (J) Email:					
 PART A – CUSTOMER BACKGOUN CHECK Please answer <u>all</u> the following questions. 1. Location A. Are you / do you: 1. Reside or incorporated / 2. Have registered address/ 3. Have a mailing address/ 4. Born in or a citizen in the following countries / jurisdiction; 					
Democratic People's Republic of Korea , Iran , Myanmar , Albania , Barbados , urkina Faso , Cayman Islands , Democratic Republic of Congo , Gibraltar , Haiti Jamaica , Jordan , Mali , Mozambique , Nigeria , Panama , Philippines , Senegal , South Africa , South Sudan , Syria , Tanzania , Türkiye , Uganda , United Arab Emirates , Yemen. This list may be updated from time to time. The latest version of this list can be found at <u>https://www.fatf-gafi.org/en/countries/black-and-</u>					
grey-lists.html (M) 🗆 Yes 🗆 No (J) 🗆 Yes 🗆 No					

B. If Your answer is "NO" what is your Nationality and Residence Address

Nationality: (M):(J):
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2. Occupation / Nature of business

A. Are you involved in the business of / employed by the following activities / employers that are: Money changers; remittance agents; pawnbrokers; internet-based stored value facility holders. This list may be updated from time to time.

 $(M) \Box Yes \Box No \qquad (J) \Box Yes \Box No$

B. If your answer to the above is 'Yes', please specify the type of business and job title.

Type of business: (M):------



3. Politically Exposed Person ("PEP")

A. Are you a PEP / close associate of a PEP / family member of a PEP? (M) \Box Yes \Box No (J) \Box Yes \Box No

- PEP means a domestic PEP, foreign PEP or international organization PEP;
- "Close associate" means a natural person who is closely connected to a PEP, either socially or professionally;
- "Domestic PEP" means a natural person who is or has been entrusted domestically with prominent public functions;
- "Family member" means a parent, step-parent, child, step-child, adopted child, spouse, sibling, step-sibling and adopted sibling of the PEP;
- "Foreign PEP" means a natural person who is or has been entrusted with prominent public functions in a foreign country;
- "International organization" means an entity established by formal political agreements between member countries that have the status of international treaties, whose existence is recognized by law in member countries and which is not treated as a resident institutional unit of the country in which it is located;
- "International organization PEP" means a natural person who is or has been entrusted with prominent public functions in an international organization;
- "Prominent public functions" includes the roles held by a head of state, a head of government, government ministers, senior civil or public servants, senior judicial or military
 officials, senior executives of state owned corporations, senior political party officials, members of the legislature and senior management of international
 organizations.

PART B - SOURCE OF FUNDS AND SOURCE OF WEALTH

1. Please indicate your source of funds (please tick one):

Source of funds refers to the origin of the particular funds or other assets which are the subject of the establishment of business relations (e.g. the amounts being invested, deposited, or wired as part of the business relations).

(M)□ Business Profits	(M)□ Gift / Inheritance	e (M)□ Savings	(J)□ Business Profits	$(J)\Box$ Gift / Inheritance (.	J)□ Savings
(M)□ Sale of Real Estate	(M)□ Salary	(M)□ Investment Earnings	(J)□ Sale of Real Estate	(J)□ Salary (J)□ Investme	ent Earnings

Please answer the following questions to which you have indicated your source of funds above, and provide supporting documents.

1. Business Profits

- B. Please describe the nature of the business and its operation. What capacity do you hold in the business that enabled you to receive profits?

(M)	:	- (J):	
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2. Gift / Inheritance

A. Please provide the name of the person whom you inherited the wealth from? What is the relationship between the two of you? What is the reason for such gift / inheritance?

(M)		- (J	:
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B. How was the wealth given to you generated? What type of wealth did you receive? (E.g. Land, Securities, Company, Trusts, etc.)
 (M):------

3. Sale of Real Estate

- B. Type of real estate sold? (E.g. Commercial House, Residential house, Plot/Land, etc.) When was it sold?
- (M):----- (J):-----

4. Salary

- C. How many years have you been in this line of work? How many years have you been with your employer?
 (M):------



5. Savings 🗆

A. Please provide the name of your previous employer which contributed to the greatest share of your savings.

	(M):
B.	In which industry does the above-mentioned company belong to? What was your position held then? (M):
C.	How many years were you with the above-mentioned company? (M):
Α.	ment Earnings □ How long has this investment been held for? (M):
	Are these investment earnings resulting from regular income? (E.g. fixed coupon payments / fixed dividends) (M):
PART C – PO	DLITICALLY EXPOSED PERSON ver <u>all</u> the questions below.
the na	indicate the name of your i) organization / employer and ii) your occupation / position. If you are not the PEP, please indicate i) me of that immediate family member(s) or close associate (s) who is, ii) the name of his/her/their organization / employer and ir occupation / position.
	(M):
	e any expected receipt of large sums of monies from governmental bodies or state owned entities? If yes, from who /where?
	(M):
	ere be any usage of government account(s) as a source of funds in a transaction?
	(M):
	DDITIONAL INFORMATION Please indicate your expected amount for each transaction (please tick one):
 Less than 30,000,00 	1,000,000 □ 1,000,000 - 5,000,000 □ 5,000,000 - 10,000,000 □ 10,000,000 - 30,000,000 00 - 50,000,000 □ 50,000,000 □ 100,000,000 □ Above 100,000,000
В.	Main Applicant Bank account details
	Bank Name Account #
C.	Contact person (In case you are not available who can be contacted?)
	NamesTel:
	Relationsemail:
	Address:
Please let us	know if you have any other additional information that is relevant, but not covered above.



Customer Risk Profile Assessment

Please choose only ONE answer that best describes you.

Item 1, for Individual Investor

1. How old are you? (1)Over 55 years (2) 45 – 55 years (3) 35 – 44 years (4) Under 35 years

Items 2-12, for Individual Investor and Juristic Person Investor

 2. What is your current financial status? (1) Less assets than debts (2) Assets equal to debts (3) More assets than debts (4) I will have adequate savings/investments throughout my retirement 3. Which of the following assets do you have investment experience with or knowledge about? (You can choose more than one (1) Bank Deposit (2) Government or Corporate Bond (3) Collective Investment Schemes (4) Equity or other High-Risk Assets 	e answer.)							
 (3) More assets than debts (4) I will have adequate savings/investments throughout my retirement Which of the following assets do you have investment experience with or knowledge about? (You can choose more than one (1) Bank Deposit (2) Government or Corporate Bond 	e answer.)							
 Which of the following assets do you have investment experience with or knowledge about? (You can choose more than one (1) Bank Deposit (2) Government or Corporate Bond 	e answer.)							
(1) Bank Deposit (2) Government or Corporate Bond	e answer.)							
(3) Collective Investment Schemes (4) Equity or other High-Risk Assets								
(5) Equity or Government Bond Fund								
4. The estimated period that you will not need to use your invested funds								
(1) Less than 1 year (2) 1 – 3 years (3) 3 – 5 years (4) More than 5 years								
5. What is your primary investment objective?								
(1) To get regular, although lower returns, with secure investment principal								
 (2) To increase my chance of getting regular returns over the long term despite risk of partial investment loss (3) To increase my chance of getting higher returns despite higher risk of investment loss 								
(4) To increase my chance of getting the maximum returns over the long term despite highest risk of investment loss.								
٥. Which of the following investment scenarios are you willing to be engaged in? (See below figure)								
Scenario 1: returns of at least 12%, and 0% loss Scenario 3: maximum returns of perhaps 15%, and 3% possible loss								
Scenario 4: maximum returns of perhaps 20%, and 7% possible loss								
7. If you were to invest in high-return but high-risk assets, how would you feel?								
(1) Worried, and fearful of possible loss (2) Uneasy, but could come to terms with it								
(3) Aware of possible loss, can accept certain degree of fluctuation (4) Unconcerned of high-risk loss, and forward to higher returns	looking							
8. You would be worried or unwilling to accept a scenario where your investment diminishes by:								
(1) 5% or less (2) Around 5% - 10% (3) Around 10% - 20% (4) Over 20%								
9. What would you do if you invested 100,000 Rwf last year, but the value of your investment declines to 85,000 Rwf this year?	2							
(1) Demand to sell all investments in your portfolio (2) Worry, and shift some investments to lower-risk assets								
(3) Be patient, and hold the assets until their value rebounds (4) Remain confident in your long-term investment plan, and inv	est more in							
the same asset type to reduce costs								

PART E - DECLARATION

I/We hereby declare and warrant that the information given in this form submitted to you are complete, true and accurate and that I/we have not wilfully withheld any material fact/information. I/We shall give MO Capital Ltd ("MO Capital") written noticeof any change in my/our particulars. I/We also declare that I/we am/are hereby consent MO Capital to contact me/us to obtain further information immediately from me/us for the purpose of MO Capital's compliance with the Notices and Guidelines on Prevention of Money Laundering and Countering the Financing of Terrorism. If anyinformation is found false or misleading, or if the need to obtain further information instructions including but not limited to, any transactional-related activities. I/We consent to MO Capital collecting, using and disclosing the information provided in this form to competent authority when asked to.

Customer (MAIN) / Authorized Signature 1 Date & Signature

Customer (JOINT) / Authorized Signature 2 Date & Signature



For Official Use Only:

To be completed by a member of the Compliance team

Account Opening Date (DD/MM/YYYY):

1. Is there any finding from internal screening? If yes, what are the findings?

2. Any concerns if the Company establishes or continues business relationship with the customer?

3. Describe the source of fund / wealth of the customer. Are there inconsistencies between all available information?

4. Based on information from Part C or internal screening results, is the account holder/joint account holder considered a PEP?

5. Should the business relationship be established or continued? (YES / NO) :

6. Should the account be set to high-risk? (YES / NO):

Reasons(s) for setting the account to high-risk:

□ Politically Exposed Person

- □ High-risk Occupation / Nature of business
- □ High-risk Jurisdiction
- □ Suspicious Transaction or Other Reason(s) *Please elaborate further below;*

Prepared by	Name	Signature	Date
FRONT OFFICER			
Reviewed by	Name	Signature	Date
COMPLIANCE			
Approved by	Name	Date & Signature	Comments by Senior Management:
SENIOR MANAGEMENT			