



**KAY INTERNATIONAL PLC
KNOW YOUR CLIENT
(KYC)
FORM**

CLIENT CATEGORY

Please tick in the box

Cedant

Broker

For Cedant only:

Direct

Via Broker:

Underwriter/Proposer:

Date:

SECTION 1 - REGISTRATION

REGISTERED NAME:

Website (if any):

Registered Address:

Business Address:

Phone No:

Email: _____

DOMICILE

Incorporation Date:

Incorporated In:

Registration No:

Regulatory

Authority:

CORPORATE INFORMATION

Original Currency:

Authorised Capital:

Paid-Up Capital: _____

Exchange Rate(s)
Used: _____ = _____

Public, Private
Or other Co: _____

PRINCIPAL SHAREHOLDER(S)

Name(s): _____ Share >10%

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Total: **100%**

MANAGEMENT TEAM

DESIGNATION

**Known to
Proposer**

Years in Industry

Please tick below

Please tick below

_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> <10	<input type="checkbox"/> >10
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> <10	<input type="checkbox"/> >10
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> <10	<input type="checkbox"/> >10
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> <10	<input type="checkbox"/> >10
_____	_____	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> <10	<input type="checkbox"/> >10

CONFIRMATION BY BROKER

(for new Cedant ONLY and applicable to Brokers that have resources within their company)

Cedant Vetted by Broker: YES NO N/A

POLITICALLY EXPOSED PERSONS (PEP)

Is any Broker / Cedant's Shareholders / Senior Management / Immediate Family Members involved in Politics:?

YES NO

If Yes, describe relationship between the PEP to the Broker / Cedant:

SHAREHOLDER / SENIOR MANAGEMENT NAME:	DESIGNATION	PEP'S NAME	RELATIONSHIP
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 2 - RATING

RATING: _____

FSR (YEAR):

Please tick below and state rating

Standard & Poor's _____

A.M Best _____

Others, please specify _____

GROSS PREMIUM

Financial Year:

Amount:

Project Gross Premium:

COMMENTS ON PAST PERFORMANCE

Last 3 Year's Profitability:

Average Combo:

Average Return on Equity:

_____	_____	_____
_____	_____	_____
_____	_____	_____

SECTION 3 - COMPLIANCE

DESIGNATED COMPLIANCE OFFICER

Name: _____

Email: _____

Phone No: _____

Please attach the following documentation:

- Electronic copies of the last 3 years of audited financials
 - Electronic copies of the License(s) held
 - In the case of Brokers, a copy of the latest Professional Indemnity Insurance Policy
- Any additional compliance, Anti Money Laundering or other additional information.

SECTION 4 - DECLARATION

GENERAL DECLARATIONS

By signing this form, I/we, the undersigned below, confirm:

That the content of this form and any documents submitted are true, accurate and up to date.

I/We are authorised to act on the Company's behalf, and confirm that all premiums will be paid from the Company's own and legitimate income sources.

The Reinsurer has the right to cancel the policy if it is discovered that sources of funds used were illegitimate in character.

The Company is active and not in the process of being dissolved, wound up or terminated. Should this change I/We shall inform you immediately.

I/We shall inform you of any change in the Company's ownership, control and/or material change(s) herein - along with supporting documentation.

Signature: _____

Date: _____

Full Name: _____

Company Stamp below:

Title: _____