



New Client Onboarding Form (WWFT Compliance)

In addition to the completed form, we kindly request the following documents from you:

- *A copy of the passport for all directors and UBOs*
- *The organizational structure of the company and its parent company (Organogram)*

Company Information:

Company Name: _____

KVK Number: _____

Short Description of Company Activities: _____

Company Address: _____

Website: _____

Email Address for Digital Post Forwarding: _____

IBAN: _____

BIC/Swift: _____

Other: _____

Contact Person / Director Information:

Surname: _____

First Names: _____

Email Address: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Nationality and Passport Number: _____

Sole Power of Representation: Yes [☐] No [☐]

Additional Director (if applicable):

Surname: _____

First Names: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Email: _____

Nationality and Passport Number: _____

Sole Power of Representation: Yes [☐] No [☐] (only in combination with other director)

Criminal Conviction Check:

Has any of the aforementioned persons been convicted of a (financial) crime? Yes [☐] No [☐]

Shareholder / UBO Information:

Name and Address of the Direct Shareholder / Holding Company:

Full Passport Names: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Nationality and Passport Number: _____

Information of Ultimate Beneficial Owners (UBOs - persons owning 25% or more shares in the company). Please provide passport copies. In the case no UBO can be identified, a quasi-UBO will be considered.

Please provide an organogram of the new company, including any parent companies or other entities above it, if applicable.

Business in Restricted Countries:

Do you have a company or business relations in any of the following countries: Iran, North Korea, Bahamas, Botswana, Cambodia, Ethiopia, Ghana, Pakistan, Russia, Serbia, Sri Lanka, Syria, Trinidad and Tobago, Tunisia, Yemen? Yes [☐] No [☐]

Compliance Declaration:

By signing this form, you declare that all the information provided is correct and true. You also declare that neither you nor the legal entity you represent will use the services provided for money laundering or the financing of terrorist activities, or for any matters that facilitate or enable such activities.

The information collected from you will be used for WWFT compliance and may be transferred to competent governmental authorities if required. Euro Companies B.V. guarantees that the collection, storage, and deletion of personal data will be in accordance with the data protection and privacy rules as per the Netherlands and EU law. Data will be stored for five years and then automatically erased.

Date: _____ Signature: _____

Place: _____ Name: _____

Parent Company Information:

Parent Company Name: _____

KVK Number (if registered in the Netherlands): _____

Description of Parent Company Activities: _____

Company Address (including country): _____

Email addresses of UBOs of the parent company: _____

Website Name: _____

IBAN: _____

BIC/Swift: _____

Other: _____

Contact Person / Director Information:

Surname: _____

First Names: _____

Email Address: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Nationality and Passport Number: _____

Sole Power of Representation: Yes [☐] No [☐]

Personal PEP Statement:

This statement concerns not only yourself but also your immediate family members, including your partner, children, parents, and their partners.

Do you or any immediate family members perform one of the following functions?

a) Head of state, minister, head of government [☐] Yes [☐] No

b) Member of Parliament, Supreme Court Member [☐] Yes [☐] No

c) Member of the audit office or central bank board [☐] Yes [☐] No

d) Ambassador, Colonel (or higher rank) [☐] Yes [☐] No

e) Administrative or managerial position in public companies [☐] Yes [☐] No

If Yes, please provide further details:

Function: _____

Employer: _____

Is this function still being performed? [☐] Yes [☐] No

Period of function (if applicable): _____

Who in your immediate family members holds this position? [☐] Spouse [☐] Child [☐] Parent

By signing below, you confirm that this form has been completed accurately.

Date: _____ Signature: _____

Date: _____ Signature: _____

Place: _____ Name: _____

Directors (Add additional directors if applicable):

Director 1:

Surname: _____

First Names: _____

Email Address: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Nationality and Passport Number: _____

Sole Power of Representation: Yes [☐] No [☐]

Director 2 (if applicable):

Surname: _____

First Names: _____

Email Address: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Nationality and Passport Number: _____

Sole Power of Representation: Yes [☐] No [☐]

Director 3 (if applicable):

Surname: _____

First Names: _____

Email Address: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Nationality and Passport Number: _____

Sole Power of Representation: Yes [☐] No [☐]

Ultimate Beneficial Owners (UBOs) Information (Add additional UBOs if applicable):

UBO 1:

Full Name: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Nationality and Passport Number: _____

Percentage of Ownership: _____

UBO 2 (if applicable):

Full Name: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Nationality and Passport Number: _____

Percentage of Ownership: _____

UBO 3 (if applicable):

Full Name: _____

Street: _____

Postal Code and Town: _____

Country: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Nationality and Passport Number: _____

Percentage of Ownership: _____