

### KYC Questionnaire

Section A – COMPANY DATA & CONTACT DETAILS		
Company Name		
Legal Form		
Registered Address		
Country of Incorporation		
Registration No.		
Date of Registration		
Tax Residence		
If the Company is listed on a stock exchange, specify the name of the stock exchange		
Website		
Contact person		
Name		
Position		
Phone No.		
E-mail		
Number of employees of the Company		
Number of subsidiaries in the group		
External auditor(s)		
Supervisory agencies (if applicable)		
ACER code (if applicable)		
LEI (if applicable)		
Section A – DOCUMENTATION REQUIRED		
No.	Document	Specific Requirement
1.	Extract from Commercial Register (or Certificate of Incorporation or equivalent registration document)	The registration document should not be older than 3 months and should include information on the Company name, legal form, registered address, country of incorporation, registration No., date of registration and tax residence
2.	Memorandum and Articles of Association (or equivalent founding document)	
3.	Financial statements	The most recent audited (if applicable) financial statements and audited (if applicable) financial statements of the year before should be submitted
4.	VAT registration certificate	
5.	Group structure chart	The chart should contain affiliates of the Company

<b>Section B – SHAREHOLDER(S), BENEFICIAL OWNER(S), MANAGEMENT</b>		
<b>SHAREHOLDER(S)</b>		
Shareholder(s) (please indicate % of shareholdings)		
<b>ULTIMATE BENEFICIAL OWNER(S) (over 25% individuals only)</b>		
Ultimate beneficial owner(s) (please indicate % of holding)		
<b>MANAGEMENT STRUCTURE</b>		
Members of the Board of Directors (or similar statutory body)		
Members of the Supervisory Board (or similar supervisory body)		
<b>Section B – DOCUMENTATION REQUIRED</b>		
No.	Document	Specific Requirement
6.	List of shareholders	Each shareholder to be specified by name and address
7.	List of ultimate beneficial owner(s)	Each beneficial owner to be specified by name, address, nationality and date of birth
8.	List of Members of the Board of Directors (or other statutory body)	Each Member of the Board of Directors to be specified by name, address, nationality and date of birth
9.	List of Members of the Supervisory Board (or other supervisory body)	Each Member of the Supervisory Board to be specified by name, address, nationality and date of birth

<b>Section C – COMMERCIAL ACTIVITIES</b>		
Description of core activity		
Activities generating more than 10% of the total annual revenue		
Does the Company hold a license to conduct its activities?		
Main market		
Other markets generating more than 10% of the total annual revenue		
Main products		
Other products generating more than 10% of the total annual revenue		
<b>Section C – DOCUMENTATION REQUIRED</b>		
No.	Document	Specific Requirement
10.	License to conduct activities	

Section D – AML, CFT		
Is the Company subject to Anti Money Laundering (AML)/Combating Financial Terrorism (CFT) laws and regulations?		
Specify the applicable AML and CFT laws and regulations		
Name of the regulator		
Does the Company have any internal rules and regulations regarding AML and/or CFT policies and procedures?		
Has the Company established any compliance program containing AML and/or CFT policies and procedures?		
Has the Company or any of its shareholders, ultimate beneficial owners, members of the statutory body or senior management been subject to any investigation for money laundering by the law enforcement authorities of any country? If yes, please provide details.		
Are any of your ultimate beneficial owners, members of the statutory body or senior management classed as “politically exposed persons” within the meaning of the Directive (EU) 2015/849 of 20 May 2015 and corresponding applicable laws and regulations? If yes, please provide details (minimum requirements: name, position and public function).		
Section D – DOCUMENTATION REQUIRED		
No.	Document	Specific Requirement
11.	Copy of internal rules and regulations regarding AML and/or CFT policies and procedures	
12.	Copy of compliance program containing AML and/or CFT policies and procedures	

### Declaration

I hereby declare that:

1. The information provided in this KYC Questionnaire is true and accurate to the best of my knowledge.
2. I will inform POZAGAS a.s. of any changes regarding the information provided in this KYC Questionnaire without any undue delay from the date when they come to my knowledge.
3. I acknowledge that POZAGAS a.s. has the right from time to time or at any given time to evaluate, examine or check the information provided in this KYC Questionnaire.
4. I acknowledge that POZAGAS a.s. has the right to provide data submitted as part of KYC assessment to employees of a company which is part of the group to which POZAGAS a.s. belongs, provided that such employees are bound by a duty of confidentiality.

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Date:

Name and position: