KNOW YOUR CLIENT

ENTITY FORM

1. CLIENT INFORMATION

Trading name and type of company:	
Company name:	
Incorporation date:	
Number and Country of Tax Registration and Registration Office:	
Address:	
City:	Country:
Email:	
Website:	
Annual revenue per year expressed in USD: (include invoicing volume, dividends or other)	

Detailed description of activity:
Countries with (commercial or financial) activity development:

2. SHAREHOLDERS IDENTIFICATION

Shareholder[1]	**Shareholding % Participation**	**Final Beneficiary[2] (Yes/No)**

2.1. In case the shareholder is not the final beneficiary, please complete name of **final beneficiary[2]** below (please link with a letter or number the beneficiary with the shareholder) :

1.
2.
3.

[1] In case their participation is over 15%.
[2] It is the individual who directly or indirectly controls holds a minimum of 15% of equity or voting rights or any other way of having control over an entity, even if it is a legal person, a trust, an investment fund or any other specific asset.

There are no Individuals that match the definition of Final Beneficiary

Company´s Shares are listed on a Stock Exchange ☐

2.2. In case shareholders are **legal entities**:

Trading name and type of company:	
Company name:	
Number of Tax Registration and Registration Office:	
City:	Country:
Description of activity:	

Trading name and type of company:	
Company name:	
Number of Tax Registration and Registration Office:	
City:	Country:
Detailed description of activity:	

2.3. In case shareholders are **individuals**, and/or **final beneficiary**:

Surname:	Name:
Date of birth:	Place of birth:
Type of ID:	Number of ID:
Country of issuance:	
Address:	
City:	Country:
Have you served in a public office or in International Organizations in the last five years or are you a direct relative (by consanguinity or affinity until the 2nd grade) or partner of a person who has exercised it in the last five years?	Yes ☐ No ☐
In the case of affirmative answer, describe in detail the activity carried out by yourself, or by family members or partners if applicable:	

Surname:	Name:
Date of birth:	Place of birth:
Type of ID:	Number of ID:

Country of issuance:		
Address:		
City:	Country:	
Have you served in a public office or in International Organizations in the last five years or are you a direct relative (by consanguinity or affinity until the 2nd grade) or partner of a person who has exercised it in the last five years?		Yes ☐ No ☐
In the case of affirmative answer, describe in detail the activity carried out by yourself, or by family members or partners if applicable:		

*Enclose copy of I.D. or passport.

3. DIRECTORS AND REPRESENTATIVES IDENTIFICATION

Position:	
Surname:	Name:
Date of birth:	Place of birth:
Type of ID:	Number of ID:
Country of issuance:	
Address:	
City:	Country:

Have you served in a public office or in International Organizations in the last five years or are you a direct relative (by consanguinity or affinity until the 2nd grade) or partner of a person who has exercised it in the last five years?	Yes ☐ No ☐
In the case of affirmative answer, describe in detail the activity carried out by yourself, or by family members or partners if applicable:	

4. We hereby declare, as a sworn statement, that the funds, assets, products or any instrument used, applied or received by the entity, are and will remain licit to the fully extent of any applicable laws, with special regard to the anti money laundry and financing terrorism regulations. With that sense, I hereby declare that the funds, assets, products or any instrument used, applied or received by the entity, are licit and do not come directly or indirectly from any illegal activity.

5. We hereby declare, as sworn statement, that the information provided is accurate and true.

I understand I am obliged to inform Latin-Oil SA any changes occurred in the information set forth herein. As long as such changes have not been efficiently notified to Latin-Oil SA, the presented herein shall be understood as valid.

6. CLIENT'S SIGNATURE

Place and Date:	Name and position:	Signature:

FOR EXCLUSIVE USE OF LATIN-OIL SA

7. RELATIONSHIP APPROVAL:

Place and Date:	Name:	Signature: