



KNOW YOUR CUSTOMER FORM

* Compulsory fields

A. Minimum Company details and Contact Information

1.	*Company name in full <i>(As per Certificate of Incorporation / Registration)</i>	
	*Type of Legal entity	<input type="checkbox"/> Branch <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Limited (LTD) <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____
	Full name and address of Mother Entity (if Branch)	
	Trading names <i>(if any)</i>	
2.	*National Organization Number / Company Registration Number ¹	
	Registration Authority Name	
	Date of Incorporation	
	*Country/ Place of Incorporation	
3.	*Registered office address	
	Business/Visiting address <i>(if different from registered address - should not be a PO Box address)</i>	
	Telephone Number (incl. country and area code)	
	Website Address	
	Contact Email	
4.	VAT Number	

¹ Please note that the requirement pursuant to Norwegian law is that we collect the National Organization Number of the company. This is a unique identifier assigned by the national business register of the country where the company is registered.



B. Beneficial Owners / Directors Information

(All **individuals** who are ultimately, **directly or indirectly**, entitled to control or exercise the control of the company, either by way of ownership of 25% or more of voting rights of the company or by way of agreement or similar should be regarded as the principal shareholder/ beneficial owner of the company):

Managing Directors and Members of the board	Date of Birth	Nationality	Country of residence

Beneficial Owners	Date of Birth	Nationality	Country of residence

C. Politically Exposed Persons (PEP)

Politically Exposed Persons (PEP) can be defined as natural persons who is, or has been, entrusted with prominent public functions, such as for instance heads of state, heads of government, ministers, senior politicians, judicial or military officials, senior executives of state owned corporations, including immediate family members or persons known to be close associates of such persons.

Is there any politically exposed persons (PEP) involved in the entity? Yes No

If yes, please provide the following information;

Name	Position



D. Declaration

I/We hereby declare that the undersigned is authorised on behalf of the company to complete and sign this questionnaire. By doing so, it is confirmed that the details furnished above are accurate and complete and further gives our consent to the information contained within this document. I/We agree to this information being processed and stored in accordance with the laws and regulations applicable to existing/potential or future business relationship between the company and [fill in your company/ the insurer's name]. I/We understand our continuous duty to disclose any change in circumstances which could affect the insurance cover at [fill in your company/ the insurer's name] and will notify [fill in your company/ the insurer's name] without delay if such changes arise either prior, during or subsequent to the conclusion of an insurance agreement. Failure to do so may, pursuant to the relevant terms & conditions, have implications on insurance cover.

[fill in your company/ the insurer's name] and its subsidiaries, on behalf of themselves and/or an entity of the [fill in your company/ the insurer's name] group comprised of, inter alia; [fill in all relevant group companies], in accordance with the General Data Protection Regulation and the Norwegian Anti-Money Laundering and Counter Terrorism Financing Act, a valid lawful basis for processing person data provided for in this Know Your Customer Form.

Any personal data obtained from this form, will be processed in accordance with the purposes pursuant to the General Data Protection Regulation and the Norwegian Anti-Money Laundering and Counter Terrorism Financing Act.

Signature:

Name of the signatory party:

Capacity in which this declaration is signed:

Date and Place:

E. Renewal of the Know Your Customer Declaration

I/We hereby confirm that the information contained in this questionnaire is still accurate and completed and does not require any amendments or additions to any of the sections. The undersigned is authorised on behalf of the company to complete and sign this questionnaire. All other terms and reservations stated herein remain unchanged.

Signature	Name of the Signatory	Capacity	Date and Place