

GENERAL DUE DILIGENCE

APPENDIX No.4

Company name:

Registered number:

DECLARATION OF SOURCE OF WEALTH AND PURPOSE OF BUSINESS

I/we the ultimate beneficial owners of the Company pursuant to Appendix No. 3 and signatories to the present Questionnaire, hereby irrevocably declare that the information contained in this Questionnaire is accurate and complete and up to the best of my/our knowledge and belief, and I/we undertake to notify the LAVECO Group immediately if we become aware of any changes to this information.

PART 1. CUSTOMER RISK

A. GENERAL NATURE OF THE INTENDED BUSINESS ACTIVITY (Trading, Investment, Holding, Consultancy, etc.)

Please provide a detailed description as specific as possible ("Trading" or "Holding Company" for example) will not be sufficient.

B. MAIN BUSINESS ACTIVITY OF BENEFICIAL OWNER(S) (Please provide details of the current and previous business occupation of the beneficial owner(s): Company, Nature of Business, Position held, Period, etc.)

C. COMPANY OWNERSHIP STRUCTURE (If the company is to be part of a corporate structure i.e. it will either own/part own other companies or be owned/part owned by other corporate entities please provide details including place of incorporation, where they are based and their purpose within the overall structure.)

D. DURATION OF BUSINESS RELATIONSHIP (Please specify how long you intend to maintain the company):

E. COMPANY'S TURNOVER. PROFIT & BANK TRANSACTIONS

COMPANY'S ESTIMATED ANNUAL TURNOVER:

COMPANY'S ANTICIPATED ANNUAL PROFIT:

NUMBER OF COMPANY'S INCOMING BANK ACCOUNT TRANSACTIONS (approximately, per month):

VALUE OF COMPANY'S INCOMING BANK ACCOUNT TRANSACTIONS (approximately, per month):

SOURCE OF INCOMING PAYMENTS (Planned or potential transactions through which wealth has been obtained):

NUMBER OF COMPANY'S OUTGOING BANK ACCOUNT TRANSACTIONS? (approximately, per month):

VALUE OF COMPANY'S OUTGOING BANK ACCOUNT TRANSACTIONS? (approximately, per month):

OUTGOING PAYMENTS PURPOSE (planned or potential):

PART 2. PRODUCT AND SERVICE RISK

A. IS YOUR BUSINESS INVOLVED IN ANY OF THE FOLLOWING ACTIVITIES? Yes No

- | | |
|---|---|
| <ul style="list-style-type: none">• Banking activity - <i>not acceptable</i>• Insurance activity - <i>not acceptable</i>• Gaming and gambling - <i>not acceptable</i>• Online casino - <i>not acceptable</i>• Online Pharmacy - <i>not acceptable</i>• Internet model agency - <i>not acceptable</i>• Internet brokerage - <i>not acceptable</i>• Adult sites - <i>not acceptable</i>• Licensed and unlicensed trading in weapons and military equipment - <i>not acceptable</i>• Public investment activities - <i>not acceptable</i>• Internet manpower agency - <i>not acceptable</i>• Internet trading in gold - <i>not acceptable</i>• Internet medical services, including any consultation - <i>not acceptable</i>• Internet legal consulting - <i>not acceptable</i> | <ul style="list-style-type: none">• Internet trading in tobacco products and alcohol - <i>not acceptable</i>• Incorporation of companies - <i>not acceptable</i>• Fiduciary services - <i>not acceptable</i>• Large Cash transactions (over 15 000 EUR) - <i>not acceptable</i>• Unregulated charities - <i>not acceptable</i>• Unregulated "not for profit" organisations - <i>not acceptable</i>• Trading bank notes - <i>not acceptable</i>• Money transfer agents - <i>not acceptable</i>• Dealers in high value or precious goods - <i>not acceptable</i>• Gold mining - <i>not acceptable</i>• Real Estate Agents - <i>not acceptable</i>• Remittance houses - <i>not acceptable</i>• Exchange houses - <i>not acceptable</i> |
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**PART 3.
COUNTRY/GEOGRAPHIC RISK**

A. THE COMPANY'S MAIN TRADE OR INVESTMENT REGIONS/COUNTRIES (INDICATIVE LIST):

B. IS THE COMPANY CONNECTED TO ANY COUNTRY WHICH HAS NOT ACCEPTED THE RECOMMENDATIONS OF OECD/FATF?

C. IS THE COMPANY CONNECTED TO ANY COUNTRY CLASSIFIED AS A HIGH-RISK COUNTRY BECAUSE OF THE LEVEL OF CORRUPTION BY TRANSPARENCY INTERNATIONAL?

D. IS THE COMPANY CONNECTED TO ANY COUNTRY SUBJECT TO AN EMBARGO BY THE UN SECURITY COUNCIL SANCTIONS COMMITTEES?

Place and date: Signature:

Name:.....

Place and date:..... Signature:.....

Name:.....

Place and date:..... Signature:.....

Name:.....

Place and date:..... Signature:.....

Name:.....

FOR INTERNAL USE

Administrator's name:

Source of client	Face-to-face		Non face-to-face		Through Intermediary	If yes, please name the intermediary	Other, please specify	
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