

# KYC Questionnaire

Please complete all applicable fields. If a section is not applicable to your entity, indicate "N/A". Attach supporting documentation where required. Use additional sheets if space for answers is insufficient.

## SECTION 1: LEGAL & OPERATIONAL ENTITY INFORMATION

Full Legal Name: of participant ("Participant"):	
Doing Business as Name (if different):	
Place of Formation:	
Formation Date: DD/MM/YYYY	
Registered Business Address:	
Principal Place of Business (if different):	
Taxpayer ID Number:	
Legal Entity Identifier (LEI):	
Entity Type (e.g. Corporation, LLC, Partnership):	
Type of Regulated Entity (e.g. Bank, Broker...):	
Type of License and link to proof of license:	
Name and contact information of Regulator:	

## SECTION 2: LEGAL & OPERATIONAL ENTITY INFORMATION

List all persons or entities that own or control 25% or more of the entity. Provide copies of identification document (e.g. passport).

Beneficial Owner Name	Percentage Ownership (%)

Other than those listed above, list all Control Persons of the entity. A "Control Person" is a person or entity that controls, is controlled by or is under common control of the entity.

Position	Full Name	Country of Residence

List the directors and CEO (or managing member or partner) of the above entities:

Position	Full Name	Country of Residence

Are any persons listed above a Politically Exposed Person ("PEP") or family member/associate of a PEP? If yes, please give details.

Position	Full Name	Country of Residence

Are any customers high risk customers (e.g. Shell banks, offshore banks, gambling,)?

Position	Full Name	Country of Residence

### SECTION 3: FINANCIAL STATUS

Do you meet either of these thresholds:

- Have greater than \$10M in assets Yes ☐ / No ☐
- Have 2 of 3 following criteria:
  - Balance sheet: €20M or more Yes ☐ / No ☐
  - Net turnover: €40M or more Yes ☐ / No ☐
  - Own funds: €2M or more Yes ☐ / No ☐

### SECTION 4: SOURCE OF FUNDS & BUSINESS ACTIVITY

Source of Funds (e.g. private investments, operating revenue):

Primary Business Activities

Geographies of Operation (select all that apply):

☐ US ☐ EU ☐ Latin America ☐ Russia ☐ Middle East ☐ Others: \_\_\_\_\_

### SECTION 5: SANCTIONS & JURISDICTION RISK

Do you conduct business in any jurisdiction subject to FINCEN sanctions? If so, list and describe what business is done there.

Does your firm operate in high-risk jurisdictions (as per FATF) ("High Risk")? List high-risk countries, if any:

Do you allow customers from sanctioned or High-Risk countries?

Do you authorize anonymous accounts? Yes ☐ / No ☐

Which sanctions lists does your firm screen customers against? (Check all that apply)

☐ OFAC ☐ EU ☐ UN ☐ FATF ☐ Canadian Sanctions ☐ Other (specify):

Breakdown of Customer Base (Total = 100%)

Type	US (%)	Non-US (%)
Individual Clients (Retail)	%	%
Professional Clients	%	%
Eligible Counterparties	%	%
Other (Specify)	%	%

## SECTION 6: AML / COMPLIANCE INFRASTRUCTURE

Do you employ a Money Laundering Reporting Officer (MLRO)? ☐ Yes / ☐ No

Name / Email / Role:

Do you employ a Chief Compliance Officer? ☐ Yes / ☐ No

Name / Email / Role:

Number of employees dedicated to compliance functions:

Do you have an internal auditor independent of the compliance officer? ☐ Yes / ☐ No

Do you outsource any AML functions to third parties? ☐ Yes / ☐ No. If yes, please describe:

Do you provide AML training to your employees? ☐ Yes / ☐ No

Do you conduct KYC on customers? Please describe.

Do you conduct transaction monitoring on your customers' transactions? Please describe.

Record Keeping Duration (years): \_\_\_\_\_

## SECTION 7: TRADE & SETTLEMENT DETAILS

This section pertains only to crypto asset trading with PrimeOne.

How will your crypto trades settle?

☐ Self-custody wallet

☐ Custodian-managed wallet (name of custodian):

☐ Exchange wallet (name of exchange):

Will your clients' orders be intermediated by your systems?

☐ Yes

☐ No (if No, please describe client access model):

## SECTION 8: CONTACT INFORMATION

Compliance Contact Name, Email, Phone:

Legal Contact Name, Email, Phone:

Trading Contact Name, Email, Phone:

Settlement Contact Name, Email, Phone:

List of Authorized Traders and their countries:

## SECTION 9: CERTIFICATION

I, on behalf of Participant, certify that the above information is true and correct, and that I am authorized to complete this form on behalf of the Participant. Participant agrees to immediately update this information in writing to PrimeOne as any change occurs.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_