KNOW YOUR CUSTOMER (KYC) FORM – LEGAL ENTITY

This form is designed for legal entities opening an escrow account or engaging in legal transactions with Cort & Cort. In accordance with the Money Laundering (Prevention) Act, 1996 (as amended) of Antigua and Barbuda, all entities are required to provide the information outlined below.

I. AUTHORIZED REPRESENTATIVE

(Any individual with signing authority authorized to act on behalf of the legal entity)

Full Name

Title/Position

Passport Number / Social Security Number

Email Address

Contact Phone Number

II. LEGAL ENTITY DETAILS

Company Name

Entity Type (e.g., IBC, LLC, Ltd.)

Place of Formation

Date of Incorporation

Registration Number

Taxpayer Identification Number (TIN/EIN)

Primary Business Address (No P.O. Boxes)

Business Website

Nature of Business Activities

III. BENEFICIAL OWNERSHIP INFORMATION

Please provide information for each individual who, directly or indirectly, owns five percent (5%) or more of the equity interests in the legal entity.

Full Legal Name

Identification Document: ☐ Passport ☐ Driver's License

Document Number

Expiration Date | Issued By

Citizenship | Other Citizenship(s)

Place of Birth | Date of Birth

Residential Address

Occupation (if retired, please state former occupation):

IV. CONTROL PERSON if different to AUTHORIZED REPRESENTATIVE

Please provide details for at least one individual with significant management responsibility (e.g., Chief Executive Officer, Managing Member, Director, or equivalent).

Full Name

Title/Position

Date of Birth | Email Address

Residential Address

V. POLITICAL ASSOCIATIONS

Are any owners, directors, or executive officers currently or formerly holders of a political position?

☐ Yes ☐ No

If yes, please provide details of the position held and the relevant dates:

If the politically exposed person is a family member, please state the relationship:

Please also provide the family member's:

Full Name | Date of Birth

Address

VI. SOURCE OF FUNDS

Please describe the business activity generating the funds

Number of Transfers Expected ☐ 1-2 ☐ 3-5 ☐ 5-10 ☐ 10+

Country(ies) from which funds will originate

Name(s) of Bank Account(s) from which funds will originate

The attached Source of Funds Form must be completed for each transfer of funds.

VII. ANTI-MONEY LAUNDERING DECLARATION

By signing this form, I hereby attest and affirm the following:

1. All funds paid by or on behalf of the Legal Entity to Cort & Cort are fully compliant with the Money Laundering (Prevention) Act of Antigua and Barbuda and all applicable international regulations.
2. Neither the Legal Entity nor any of its owners, directors, officers, or beneficial owners are subject to any investigations, sanctions, or proceedings relating to money laundering, terrorist financing, or tax fraud.
3. The undersigned confirms that they are duly authorized to act on behalf of the Legal Entity and to provide the information contained herein.
4. Cort & Cort may verify the information provided through independent means, including by contacting third parties where necessary.

Required Attachments:

- Organizational documents (e.g., Certificate of Incorporation, Articles of Incorporation, By-Laws, Operating Agreement).
- Register of Directors and Register of Shareholders
- Certificate of Good Standing
- Copy of valid government-issued photo identification for all individuals listed in Sections I, III, and IV.

Signature

Name

Title Date

VIII. BUSINESS WIRE INSTRUCTIONS

To protect against wire fraud, Cort & Cort will verbally confirm the wire instructions below with the Authorized Representative prior to any disbursement of funds.

Bank Name

ABA / SWIFT Code

Account Name

Account Number / IBAN

Beneficiary Address

Intermediary Bank (if applicable)