**A. Minimum Company details and Contact Information**

\*Compulsory fields

|  |  |  |
| --- | --- | --- |
| 1.a | \*Company name in full*(As per Certificate of Incorporation / Registration)* |  |
| 1.b | \*Type of Legal Entity | * Limited Liability Company (LLC)
* Limited Liability Partnership (LLP)
* Limited (LTD)
* Partnership
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |
| 1.c | Is this Legal Entity a Branch office? | * Yes (If yes, see 3.b)
* No
 |
| 1.d | Trading name / Alias *(if any)* |  |
| 2.a | \*National Organization Number / Company Registration Number[[1]](#footnote-1) |  |
| 2.b | Name of the Authority issuing the number in 2.a.[[2]](#footnote-2) |  |
| 2.c | Date of Incorporation |  |
| 2.d | \*Country/ Place of Incorporation |  |
| 3.a | \*Registered office address |  |
| 3.b | Name and address of Branch Office (if selected above) |  |
| 3.c | Business/Visiting address*(if different from registered address - should not be a PO Box address)*  |  |
| 3.d | Telephone Number (incl. country and area code) |  |
| 3.e | Website Address |  |
| 3.f | Contact Email |  |
| 4. a | VAT Number  |  |
| 5.  | Bank account number - where premium will be paid from |  |

**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  | \*Title | Date of Birth | \*Nationality | Country of residence |
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| --- | --- | --- | --- | --- |
| \*Beneficial Owners | \*Title | Date of Birth | \*Nationality | Country of residence |
|  |  |  |  |  |
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**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.*

Are there any politically exposed persons (PEP) involved in the Legal 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 the Gard Group. I/We understand our continuous duty to disclose any change in circumstances which could affect the insurance cover at Gard AS and will notify Gard AS 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.

Gard AS and its subsidiaries, on behalf of themselves and/or an entity of the Gard group comprised of, inter alia; Gard P. & I. (Bermuda) Ltd., Assuranceforeningen Gard - gjensidig -, Gard Marine & Energy Limited and Gard Marine & Energy Insurance (Europe) AS, have, 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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |

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. [↑](#footnote-ref-1)
2. In Norway, this is the Brønnøysundregistrene. In Hong Kong and UK this is the Company’s registry. [↑](#footnote-ref-2)