



LEIKUR Company Business Profile

■ 1. Basic company details

Company name:

Date of registration or incorporation:

Company registration no.:

Country of incorporation:

What is the purpose of the account?

■ Payments to service providers

Please indicate who your main service providers are and where they are located/incorporated (companies) or where they reside (individuals).

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

■ Receiving funds from your clients

Please indicate your main clients and where they are incorporated (companies) or where they reside (individuals).

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

■ **Intra-group transactions**

Might be applicable if your business is formed under a group structure of companies.

■ **Receiving merchant processing settlements**

■ **Receiving funds on behalf of other company(ies) or person(s)**

Please indicate on whose behalf payments will be collected.

Name _____ Location _____

Name _____ Location _____

Name _____ Location _____

■ **Employee remuneration / Salary**

■ **Other**

Please provide details, including what the purpose of the incoming and outgoing funds will be and names and locations of the main parties transacting with your account.

■ **2. Company contact details**

Registered office address

As it is mentioned in the company documents.

Address line 1

Address line 2 optional

Town/City

Postcode/Zip code

Country

Is the company's headquarters/main office at a different location than the registered address?

Yes No

Company phone number:

Additional company phone number

Company email address

Company website

■ 3. What is your company type?

Tick the box that is applicable to you

- Holding company
- Trading company
- Non-profit organisation
- Trust
- Other (Please provide more details)

Is the company part of a larger group structure of companies forming the overall business?

Yes No

Please include a company group chart showing all companies in the structure up to the Ultimate Beneficial Owner. This chart should include ALL companies in the group. Please state for each company the country of incorporation, the purpose or activity, the name of the director and specify the shareholding for each company.

Are any of the other companies in the group structure forming the overall business licensed by any government or government supported institution? If yes, name the jurisdiction.

Yes _____ No

Are any of the other companies in the group structure forming the overall business listed on any stock exchange?

Yes No

Is the company licensed by any government or government supported institution?
(if applicable) If yes, name the jurisdiction.

Yes _____ No

Is the company owned directly or indirectly by a nominee shareholder?

Yes _____ No

Is the company listed on any stock exchange?

Yes _____ No

List the countries from where you will receive funds:

List the countries to where you will send funds:

■ 4. Authorized Representatives, Ultimate Beneficial Owners and Directors

Add company representatives

This step requires every account to have at least a minimum of one Authorized Representative, one UBO and one Director. One individual can fulfil multiple functions.

4.1 Who do you want to add?

Master AR UBO Director

Personal details

First name _____ Last name _____

Director(s) details

Does the director hold an executive or non-executive position?

Choose an executive if the director is involved in the management of the company.

Executive Non-executive

Authorised Representative(s) details

Email:

An Authorized Representative is an individual that has access to the account, can issue payments and give instructions to Leikur about the account. Authorized Representatives are required to provide additional documentation and will need to be verified.

Ownership

Function:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Direct or indirect shareholder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Individual who otherwise exercises control | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Protector |
| <input type="checkbox"/> Settlor | <input type="checkbox"/> Other |

Is indicated country of residence your only country of residence for tax purposes? If not, please provide all such countries:

- Yes No

% of ownership in the company: _____

Do you have controlling stake, veto rights or are you the owner of any shares with special voting powers?

- Yes No

What is the source of wealth of the UBO?

Tax Identification Number (TIN):

4.2 Who do you want to add?

- Master AR UBO Director

Personal details

First name _____ Last name _____

Director(s) details

Does the director hold an executive or non-executive position?

Choose an executive if the director is involved in the management of the company.

- Executive Non-executive

Authorised Representative(s) details

Email:

An Authorized Representative is an individual that has access to the account, can issue payments and give instructions to Leikur about the account. Authorized Representatives are required to provide additional documentation and will need to be verified.

Ownership

Function:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Direct or indirect shareholder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Individual who otherwise exercises control | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Protector |
| <input type="checkbox"/> Settlor | <input type="checkbox"/> Other |

Is indicated country of residence your only country of residence for tax purposes? If not, please provide all such countries and Tax Identification Number(s) (TINs):

- Yes No

% of ownership in the company: _____

Do you have controlling stake, veto rights or are you the owner of any shares with special voting powers?

- Yes No

What is the source of wealth of the UBO?

Tax Identification Number (TIN):

4.3 Who do you want to add?

- Master AR UBO Director

Personal details

First name _____ Last name _____

Director(s) details

Does the director hold an executive or non-executive position?

Choose an executive if the director is involved in the management of the company.

- Executive Non-executive

Authorised Representative(s) details

Email:

An Authorized Representative is an individual that has access to the account, can issue payments and give instructions to Leikur about the account. Authorized Representatives are required to provide additional documentation and will need to be verified.

Ownership

Function:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Direct or indirect shareholder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Individual who otherwise exercises control | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Protector |
| <input type="checkbox"/> Settlor | <input type="checkbox"/> Other |

Is indicated country of residence your only country of residence for tax purposes? If not, please provide all such countries and Tax Identification Number(s) (TINs):

- Yes No

% of ownership in the company: _____

Do you have controlling stake, veto rights or are you the owner of any shares with special voting powers?

- Yes No

What is the source of wealth of the UBO?

Tax Identification Number (TIN):

4.4 Who do you want to add?

- Master AR UBO Director

Personal details

First name _____ Last name _____

Director(s) details

Does the director hold an executive or non-executive position?

Choose an executive if the director is involved in the management of the company.

- Executive Non-executive

Authorised Representative(s) details

Email:

An Authorized Representative is an individual that has access to the account, can issue payments and give instructions to Leikur about the account. Authorized Representatives are required to provide additional documentation and will need to be verified.

Ownership

Function:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Direct or indirect shareholder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Individual who otherwise exercises control | <input type="checkbox"/> Fiduciary |
| <input type="checkbox"/> Beneficiary | <input type="checkbox"/> Protector |
| <input type="checkbox"/> Settlor | <input type="checkbox"/> Other |

Is indicated country of residence your only country of residence for tax purposes? If not, please provide all such countries and Tax Identification Number(s) (TINs):

- Yes No

% of ownership in the company: _____

Do you have controlling stake, veto rights or are you the owner of any shares with special voting powers?

- Yes No

What is the source of wealth of the UBO?

Tax Identification Number (TIN):

■ 5. Company financial details

Expected annual gross turnover of the account(s) in euro:

Expected monthly turnover to and from your account(s) in euro:

Expected monthly volume (an approximate number) of transactions to Pagora.

Expected monthly volume (an approximate number) of transactions to and from your LEIKUR account(s) in euro:

Desired daily and monthly account(s) limits in euro (or in euro value):

Daily _____ Monthly _____

Total number of employees and exclusive contractors that work for the company:

What will be the source of incoming funds into your Leikur account?

- | | |
|------------------------------------|--|
| <input type="checkbox"/> Dividends | <input type="checkbox"/> Business proceeds |
| <input type="checkbox"/> Donations | <input type="checkbox"/> Other |
| <input type="checkbox"/> Interest | |

Does passive income of the company exceed 50% of the company's total annual gross income per calendar year?

- Yes No

Passive income includes: dividends, interest, rents, annuities, capital gain from assets, income from swap-contracts and similar income.

- Yes No

Do assets generating passive income exceed 50% of total asset value of the company

- Yes No

Tax regulations require us to collect information regarding the account holder's tax residency. We may be required to share this information with the relevant tax authorities.

Company country of residence for tax purpose:

Tax Identification Number (TIN)

Are there any other tax residency countries for the company?

Yes No

FATCA status (*tick applicable boxes*)

Company is incorporated in the US

Yes No

Company is a tax resident in the US

Yes No

At least one of the UBOs that owns 25% or more of the shares is a US citizen or US tax resident

Yes No

A UBO with a controlling stake, veto power or owner of shares in the company with special voting power is a US citizen or tax resident.

Yes No

■ 6. Business activity

Please provide a detailed description (few sentences) of the business activity of the company applying for the account.

- If the business is formed within a group structure of companies, please provide a detailed description of the business activities of the group forming the business and in addition explain separately for the company applying for the account the exact activity within the group.
- If available, please attach a description of your business model.
- If you sell products, please describe the products and how the delivery happens.

Please write one core industry that is applicable to your business:

Please write business type that is applicable to your company:

Please attach the following documents about your business:

- IDs or passports and proof of addresses for all UBOs, directors and other individuals listed on this application form
- Certificate of incorporation
- Memorandum and Articles of Association
- Dated extract from the company register, issued within the past 3 months *** (list of directors)
- Documents confirming the beneficial ownership (list of shareholders)
- Detailed corporate chart clearly defining the Ultimate Beneficial Owner(s) (signed by one of the directors)
- AML/CFT and Fraud procedures and policies (additionally details of MLRO)
- Any other documents (ex: service level agreements with merchants) you would like to add to support this application

****It should confirm the company's registration number, registered address, details on its management, date of issue of the valid M&AA (or equivalent corporate document) and the fact that the company is in good standing. In case the dated extract from the registry of companies, issued within the past 3 months, does not include all necessary information, additional certification from the Registered Agent should be provided.*

Please note if the Master Authorized user is not a director or UBO, valid Power of Attorney is needed.