

Legal entity questionnaire

In accordance with the legal acts regulating the prevention of money laundering and terrorist financing and tax administration, as well as implementing the principle "Know Your Customer" and international treaties and agreements of the Republic of Lithuania, the legislation of the European Union and the Republic of Lithuania on administrative cooperation in the field of taxation, **Paylar** is obliged to collect information about the Client's activities, sources of income and financial operations before commencement of the business relationship and to regularly update it during the course of business relationship. We ensure that the information provided is considered as confidential and is protected in accordance with the legislation. For more information about processing of Your personal data please read Privacy policy, available at: <https://www.paylar.com/en/privacy-policy/>.

General Information			
Name of the Company:		Start of business operations (date):	
Registration number:		Registration country:	
Legal form:		Official website:	
Addresses			
Company registration address (as identified by government register)			
Country:		Street, house, apt. No.	
City:		Postal code	
Phone number:		Email:	
Actual business address (where company operates from), if different from the registration address			
Country:		Street, house, apt. No.	
City:		Postal code	
Phone number:		Email:	

Country of residence for tax purposes (country where the Company pays taxes)		
The country of residence for tax purposes is the country under whose legislation the Company should be considered a taxpayer, considering the place of Company's management, registration and/or establishment, or other criteria that may constitute grounds for considering the Company a resident of that country for tax purposes under the national legislation of the respective country.		
Country	Does the country issue taxpayer identification number?	Taxpayer identification number (TIN)
	☐ YES ☐ NO	

Please provide properly legalised English versions of the company registration certificate and/or a link to the company's information on the official company registry.

A written proof of address is required. The acceptable documents are any of the following: rental agreement, utility bill, bank, or insurance statements, indicating company's name and the address matching the address indicated above.

Please proceed to the next page.

Business profile

Company size (category)				
☐ Very small company (employees < 10, income < 2 000 000 EUR, balance value of assets < 2 000 000 EUR)		☐ Medium-sized company (employees < 250, income < 50 000 000 EUR, balance value of assets < 43 000 000 EUR)		
☐ Small company (employees < 50, income < 10 000 000 EUR, balance value of assets < 10 000 000 EUR)		☐ Large company (employees > 250, income > 50 000 000 EUR, balance value of assets > 43 000 000 EUR)		
Estimated incoming volumes (monthly)				
Name, legal form	Country of registration	Economic activity	Total value, EUR	Nature of transfer*
1				☐ 1 ☐ 2 ☐ 3 ☐ 4
2				☐ 1 ☐ 2 ☐ 3 ☐ 4
3				☐ 1 ☐ 2 ☐ 3 ☐ 4
4				☐ 1 ☐ 2 ☐ 3 ☐ 4
5				☐ 1 ☐ 2 ☐ 3 ☐ 4
Estimated outgoing volumes (monthly)				
Name, legal form	Country of registration	Economic activity	Total value, EUR	Nature of transfer*
1				☐ 1 ☐ 2 ☐ 3 ☐ 4
2				☐ 1 ☐ 2 ☐ 3 ☐ 4
3				☐ 1 ☐ 2 ☐ 3 ☐ 4
4				☐ 1 ☐ 2 ☐ 3 ☐ 4
5				☐ 1 ☐ 2 ☐ 3 ☐ 4
*Nature of transfer: 1. Revenue from services/ Financial support from state; 2. Investments/ Dividend from branches; 3. Loans/ Credits/ Donations/ Trust services; 4. Other (please specify below):				
Main business regions				
☐ Lithuania/EU	☐ Asia (excl. CIS)	☐ CIS	☐ Other (specify)	
Please indicate your connection to Lithuania (to be filled: 1. if the Company is NOT registered in Lithuania; 2. if the Company has no estimated incoming/outgoing volumes to/from Lithuania)				

Information on the business activity		
Main economic activities		
Description	Licensing	
1	☐ Not licensed	
	☐ Licensed	license No.
		date of issue
2	☐ Not licensed	
	☐ Licensed	license No.
		date of issue

3		☐ Not licensed	
		☐ Licensed	license No.
			date of issue
Experience in above mentioned economic activities			
☐ less than 1 year		☐ 1 – 3 years	☐ more than 3 years

Please provide more detailed business description on a company's letterhead signed by the general manager.
If your business is licenced, or requires other permits, certificates, or another relevant document, please attach it.

Please indicate purpose of business relations with Paylar and services you intend to use:		
☐ Processing payments of underlying clients	☐ Account for revenues from services	☐ Utilities/corporate account
☐ Payment account for personal income	☐ Investment/crediting	☐ International transactions
☐ Other (please indicate below):		
Will the account be used to hold third – party funds?	☐ YES ☒ NO	

Please proceed to the next page.

Business profile (continued)

Information on the business activity (continued)	
Is the company receiving cash payments?	☐ YES ☐ NO
Does the Company engage in any of the following activities? - Accept deposits as part of banking or similar activity; - Trade in money market instruments (cheques, bills, deposit certificates, derivative financial instruments, etc.); - Foreign currency exchange services/transactions in interest rate and index instruments; transferrable securities or commodity futures services; - Private and/or collective portfolio management services; - Funds or money investment, administration or management services on behalf of other persons; - Make mandatory payments under a Cumulative insurance agreement or Annuity agreement like an insurance company; - Principal part of activity is the management of financial assets on behalf of other persons (when the revenue of an entity from financial assets management services accounts for 20 per cent or more of the revenue of the entity).	☐ YES ☐ NO
If the above answer is 'Yes', please provide your Global Intermediary Identification Number	
Does your Company have an adequate AML/CTF framework, covering above mentioned business? (must be provided, if applicable)	☐ YES ☐ NO ☐ N/A

Please indicate if your company is engaged in any of the activity listed below:	
Arms Dealers; Bailiffs; Casinos, Slot Machines, Betting; Charities and Non-Profit Organisations (non-registered); Crowdfunding Platforms (non-registered); Digital / Virtual Currency Providers (non-regulated); Industries supporting illegal activities Intermediaries / Commission agents; Private Military Firms; Gambling & Lotteries (unlicensed)	☐ YES ☐ NO
Adult Entertainment (dating, etc.); Artefacts And Antiquities; Cash Intensive Business; Digital / Virtual Currency Providers (regulated/ supervised); Dual use goods; EU licensed Gambling & Lotteries; Gatekeepers; Precious Metals & Stones Dealers; Real Estate (incl. Agents); Information Technology	☐ YES ☐ NO
Charities and Non-Profit Organisations (registered); Financial Institutions, Financial Service Providers, e-money Service Providers; Free Ports (Special tax regime); Other industries subject to regulation or licence; Professional Sports; Crowdfunding Platforms (registered); Legal services; Health care; Logistics	☐ YES ☐ NO

Please proceed to the next page.

Company Management Structure

General Manager			
Full name:			
Position:		Citizenship:	
Passport No.:		Passport issue date:	
Birth date:		Personal code:	
Tax residency:		Tax ID number:	
Residence address****			
Country:		Street, house, apt. No.	
City:		Postal code	
Telephone:		Email:	
Politically exposed person (PEP)			
Is the above person (or close relative/associate) a politically exposed person? ☐ YES ☐ NO			
Specify the ultimate beneficial owners, their family* and associates** who hold a prominent public function*** or held such function at least one year ago.			
If the above answer was a 'Yes', please indicate ☐ Person himself (herself)			
☐ Close relative ☐ Associate		Name:	
Country:		Position:	
* Immediate family members – include spouse, registered partner (hereinafter – cohabiting partner), parents, brothers, sisters, children or spouses of children, cohabiting partners of children. ** Close associate: 1) a natural person who participates in the same legal person or an organization not having legal personality, or maintains any other business relationship, with the person who is a PEP; 2) a natural person who has sole beneficial ownership of the legal person or an organization not having legal personality which has been set up or is operating for the de facto financial or any other private benefit of the person who is a PEP *** Prominent public functions: 1) heads of State, heads of government, ministers, vice-ministers or deputy ministers, secretaries of State and chancellors of parliament, government or ministry. 2) members of parliament. 3) members of supreme courts, of constitutional courts or of other high-level judicial bodies whose decisions are not subject to further appeal. 4) mayors of municipalities, directors of municipal administrations. 5) members of the management bodies of supreme audit and control institutions or chairs of the boards of central banks, deputy chairs or board members. 6) ambassadors, chargés d'affaires, envoys extraordinary and ministers plenipotentiary or high-ranking officers in the armed forces; 7) members of the management or supervisory bodies of state enterprises, public limited liability companies and private limited liability companies whose shares or a part of shares carrying more than 1/3 of all the votes at the general meeting of shareholders of these companies are held by the right of ownership by the State; 8) members of the management or supervisory bodies of municipal enterprises, public limited liability companies and private limited liability companies whose shares or a part of shares carrying more than 1/3 of all the votes at the general meeting of shareholders of these companies are held by the right of ownership by municipalities and which are large undertakings under the Law of the Republic of Lithuania on Financial Reporting by Undertakings. 9) heads and deputy heads of international intergovernmental organisations and members of their management or supervisory bodies. 10) heads and deputy heads of political parties and members of their management bodies."			
Delegated representation			
Please indicate if the company will be represented by an authorised person other than a General manager. In this case, provide the Power of Attorney and filled PLR-REP form .		☐ YES ☐ NO	

**** A written proof of address is required. The acceptable documents are any of the following: rental agreement, utility bill, bank or insurance statements, indicating company's name and the address matching the address indicated above.

Please proceed to the next page.

Ownership Structure

Please indicate company members (shareholders), owning more than 25% of the shares or bearing more than 25% voting power in the members meeting.

Please note: If there is more than one shareholder, please fill in a separate form for each shareholder.

You can download a blank **PLR-SH** form from [here](#).

Member (shareholder)			
Full name:		Number of shares (% of voting rights):	
Passport No.: (for private individuals only)		Citizenship/ registration country:	
Birth/registration date:		Personal/company code:	
Tax residency:		Tax ID number:	
Residence/business address****			
Country:		Street, house, apt. No.	
City:		Postal code	
Telephone:		Email:	
Politically exposed person (PEP) – for private individuals only			
Is the above person (or close relative/associate) a politically exposed person?		☐ YES ☐ NO	
Specify the ultimate beneficial owners, their family* and associates** who hold a prominent public function*** or held such function at least one year ago.			
If the above answer was a 'Yes', please indicate		☐ Person himself (herself)	
☐ Close relative ☐ Associate		Name:	
Country:		Position:	

**** A written proof of address may be required. The acceptable documents are any of the following: rental agreement, utility bill, bank, or insurance statements, indicating company's name and the address matching the address indicated above.

Please proceed to the next page.

Ultimate Beneficiary

A UBO or Ultimate Beneficial Owner is the person or entity that is the ultimate beneficiary when an institution initiates a transaction. A UBO of a legal entity is a person who: (1) Holds an interest of minimum 25% capital of the legal entity; (2) Has a minimum 25% voting rights at the general meeting of shareholders; (3) Receives minimum 25% of said legal entity's capital as beneficiary.

Please note: If there is more than one UBO, please fill in separate form for each person. You can download a blank PLR-UBO form from [here](#).

Ultimate beneficial owner (UBO)			
Full name:		Citizenship:	
Passport No.:		Passport issue date:	
Birth date:		Personal code:	
Tax residency:		Tax ID number:	
Residence address			
Country:		Street, house, apt. No.	
City:		Postal code:	
Telephone:		Email:	
Politically exposed person (PEP)			
Is the above person (or close relative/associate) a politically exposed person?		☐ YES ☐ NO	
Specify the ultimate beneficial owners, their family* and associates** who hold a prominent public function*** or held such function at least one year ago.			
If the above answer was a 'Yes', please indicate		☐ Person himself (herself)	
☐ Close relative ☐ Associate		Name:	
Country:		Position:	

**** A copy of a passport and a written proof of address may be required. The acceptable documents are any of the following: rental agreement, utility bill, bank or insurance statements, indicating company's name and the address matching the address indicated above.

Please proceed to the next page.



Company Ownership Structure

If at least one of the shareholders (members) is a legal entity, please explain the complex governance structure below.
If possible, please provide a signed diagram of the ownership structure, explaining the full structure and the relationship of the company with the UBO(s).

Ownership structure

Please proceed to the next page.

Accounts in other banks or financial institutions		
Name of the bank/financial institution		Country
1		
2		
3		

Confirmations and signatures	
By undersigning this questionnaire, I confirm that: 1) all information provided in this questionnaire is correct and complete and undertake to inform Paylar immediately in writing of any changes in the information provided. I confirm that, unless otherwise informed, I am the beneficial owner of the funds in the account and undertake to use the services of Paylar only for legitimate purposes. I understand that if the information provided in this questionnaire is found to be inaccurate or false, Paylar has the right to terminate business relations and close the account; 2) I understand that information provided in this questionnaire (the country of residence for tax purposes and TIN,) about me and/or the beneficiary may be delivered to the tax administration when such delivery is carried out within the framework of the implementation of international treaties or agreements of the Republic of Lithuania, legislation of the European Union and the Republic of Lithuania on the automated exchange of information on financial accounts. I undertake to inform the beneficiaries of the disclosure and delivery of such data. 3) personal data provided in this questionnaire has been obtained lawfully and I have a right to disclose the personal data to Paylar with intention of requested service(s) being implemented. I hereby confirm that subjects of personal data disclosed in this questionnaire have been duly informed about their personal data being managed by Paylar and that more information on processing of their personal data is provided in Privacy policy, available in: https://www.paylar.com/en/privacy-policy/ , or by contacting Paylar via email dpo@paylar.com.	
Full name: _____ Name of the role: _____ Date: _____ Signature: _____	Remarks of Paylar