

# COMPLIANCE

*How did you hear about us*

☐ I have done business with you before

☒ You were recommended by

☐ Other

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*Proposed Company Name:*

Please provide us with your first and second choice, so that the names may be checked for approval.

1. Kahuna Services B.V.

2.

*Brief description of the (future) activities of the company:*

B2B

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**1. General information Ultimate Beneficial Owner**

|                              |                                                                                                         |   |
|------------------------------|---------------------------------------------------------------------------------------------------------|---|
| Name                         | <u>Hermann Werner</u>                                                                                   | : |
| Date and place of birth      | <u>22.09.1968, Backnang</u>                                                                             | : |
| Residential address          | <u>17 Andrea Makri Str Villa 6, Tremithousa 8270 Paphos</u>                                             | : |
| Country of residence         | <u>Cyprus</u>                                                                                           | : |
| Tax identification No. (TIN) | <u>08127802N</u>                                                                                        | : |
| Telephone number work        | <u></u>                                                                                                 | : |
| Telephone number home        | <u></u>                                                                                                 | : |
| Telephone number mobile      | <u>+357 99951721</u>                                                                                    | : |
| Fax number                   | <u></u>                                                                                                 | : |
| E-mail                       | <u>whermann1@gmx.de</u>                                                                                 | : |
| Nationality                  | <u>German</u>                                                                                           | : |
| Passport Number              | <u>C8H12XW00</u>                                                                                        | : |
| Expiration date              | <u>16.04.2028</u>                                                                                       | : |
| Place of Issuance            | <u>Allmersbach</u>                                                                                      | : |
| ID Card/Driver's License no  | <u>M03000HSC81</u>                                                                                      | : |
| Expiration Date              | <u>-</u>                                                                                                | : |
| Place of Issuance            | <u>Zwickau</u>                                                                                          | : |
| Marital Status               | <input checked="" type="checkbox"/> Married to: <u>Hermann Ilona</u> <input type="checkbox"/> Unmarried |   |

Are you a Politically Exposed Person or a (PEP)?

☐ Yes

☒ No

If yes, please answer below:

Position held : \_\_\_\_\_

City and/or Country where  
position is held : \_\_\_\_\_

Date when started in this position : \_\_\_\_\_

Date when this position ended : \_\_\_\_\_

Please provide a certified copy of a utility bill as proof of residence, see also checklist.

Please provide Tax Identification No. in country of residence.

Please provide a certified copy of your valid passport, see also the checklist.

## 2. Details contact person (If differ than the UBO)

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

Telephone number work : \_\_\_\_\_

Telephone number home : \_\_\_\_\_

Fax number : \_\_\_\_\_

E-mail : \_\_\_\_\_

Please provide a (certified) copy of a valid passport

**3. Current employer or business Ultimate Beneficial Owner**

Name : WH OLYMPOS DIGITAL LTD

Address : Ellados, 12 8020, Paphos, Cyprus

Phone number : \_\_\_\_\_

Type of industry : Marketing development and consulting

Job title : Director

Website : N/a

**4. Details primary bank**

Name bank : UAB Pervesk

Account Manager : \_\_\_\_\_

Address : Gedimino av. 5, LT-01103 Vilnius, Lithuania

Telephone number : +370 6 155 2555

E-mail address : info@pervesk.lt

Website : https://pervesk.lt/en/contact/

Please provide one original personal bank reference letter from your primary bank, see also checklist

**5. Details accountant**

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

Name contact person : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone number : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Website : \_\_\_\_\_

Besides a personal bank reference letter, please also provide a reference letter from one of your other references (Lawyer or accountant), see also checklist

## 6. Details family or business lawyer

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

Name contact person : \_\_\_\_\_

Address : \_\_\_\_\_

Telephone number : \_\_\_\_\_

E-mail address : \_\_\_\_\_

Website : \_\_\_\_\_

Besides a personal bank reference letter, please also provide a reference letter from one of your other references (Lawyer or accountant), see also checklist

**7. Source of Funds / Source of Wealth**

I hereby declare that:

My wealth does not derive from any illegal or criminal activity, including money laundering funding of terrorism or tax evasion practices. I declare that my wealth is derived from the following source (s):

- |                                                       |                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Employment Income | <input checked="" type="checkbox"/> Income from Investments(Rent, Dividend, ect.) |
| <input type="checkbox"/> Retirement Income            | <input type="checkbox"/> Sale of Investments( Company, Property etc)              |
| <input type="checkbox"/> Savings                      | <input type="checkbox"/> Inheritance                                              |
| <input type="checkbox"/> Other (specify): _____       |                                                                                   |

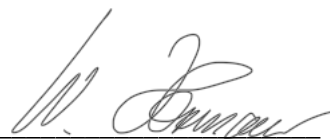
The amount used for funding/financing the operation of the Company represents funds obtained by the undersigned from the following source(s):

1. Employment Income
2. Income from Investments (Dividend)
3. \_\_\_\_\_

The information and documents provided by me are accurate and correct.

Date: 23.08.2024

Signature: UBO/Shareholder: \_\_\_\_\_



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**\*Kindly submit evidence of Source of Funds / Source of Wealth**

For example: recent payslip, pension statement, bank statement showing savings/ income from investments, proof of shareholding in other companies, sale/rental / loan agreement, copy of the will / lawyer or notary letter, personal tax declaration etc.

**8. Other**

# COMPLIANCE

Please indicate if you have been convicted for any crime, indicted or been the subjected of any criminal investigation by any enforcement or regulatory body, government or agency:

☐ Yes ☒ No

if the answer above is yes, please provide details:

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## Bank account details

Please provide details of the account from which funds will be transferred:

Account holder : \_\_\_\_\_

Bank name : \_\_\_\_\_

Bank account no : \_\_\_\_\_

☒ I declare that any future funds that will be received by the entity will be derived from the following source(s):

\_\_\_\_\_  
\_\_\_\_\_

☒ I declare that no funds have been or will be derived from any criminal activities of any nature whatsoever.

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

Place : \_\_\_\_\_

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

## COMPLIANCE CHECKLIST

- ☐ Original client compliance form, completed and signed by each shareholder;
- ☐ Signed and dated drawing or description of ownership including percentages and / or underlying structure of the company;
- ☐ A certified color copy of a valid passport of UBO, and if applicable primary contact;
- ☐ A certified true copy of a Photo Identity Card bearing your signature;
- ☐ Original personal bank reference letter not older than three (3) months;
- ☐ Original professional reference letter from a registered lawyer or accountant not older than (3) three months;
- ☐ An original or certified true copy of a Utility Bill or similar document showing your residential address as proof of current residence not older than three months;
- ☐ Curriculum Vitae/Resumé;
- ☐ Original proof of no criminal record within the last three (3) months;
- ☐ Copy of a document confirming the shareholder Tax identification No. and the issuing party.

After Client Acceptance & Incorporation XCM will provide a Management Agreement and Principal Party Agreement to be signed and dated.

- ☐ Management Agreement signed and dated;
- ☐ Principal Party Agreement Signed and dated.

**In case of (a) corporate shareholder (s), the following additional documents are required as far as applicable to the specific entity:**

- ☐ Certified true copy of the Articles/ Deed of Incorporation or Certified true copy of the articles of association;
- ☐ Original excerpt trade registry or a similar document evidencing the existence of the company not older than three months;
- ☐ Certified true copy share register or custody agreement;
- ☐ Register of directors (including certified copy passports and utility bill of each director;
- ☐ List of authorized signatures. In case different from the directors.

*Depending on the ownership structure, additional documents pertaining to the mentioned and/or underlying natural and legal persons may be requested later.*

*Documents may be certified by a notary public, an officer from an embassy or consulate, or an attorney or accountant subject AML/CFT supervision. The name and official contact details of the person certifying the document need to be clearly indicated on the certified document(s).*