

SCHEDULE

Form 1

NOTICE OF BENEFICIAL OWNER PARTICULARS*

[Section 6 of the AMLA, 2017]

Name of company/partnership:

.....

Number of company/partnership:

To the Registrar of Companies/Business names:

The above company /partnership hereby gives a notice in accordance with Section 6 of the **AMLA, 2017** that the following person is a beneficial owner of the company/partnership.

Date that the person became a beneficial owner: ____/____/____ [dd/mm/yyyy]

BENEFICIAL OWNER

Full Name.....

National identity card number/ Passport number/driving license/NSSF Card

Nationality(ties)

Date of birth [dd/mm/yyyy]

Residential address

Postal address

Visa number (Applicable to foreign persons)

Residence Permit Number (Applicable to foreign persons)

Work Permit Number (Applicable to foreign persons)

Current Email address

Current Telephone number

Occupation

NATURE OF OWNERSHIP OR CONTROL

Nature of ownership or control the beneficial owner has in the company/partnership

The percentage of shares a person holds in the company/partnership

- Directly% of shares
- Indirectly% of shares
- Unknown

The percentage of voting rights a person holds in the company/partnership

- Directly% of voting rights
- Indirectly% of voting rights
- Unknown

A person holds a right to appoint or remove a majority of the board of directors of the company/partnership; and/or

- Directly
- Indirectly
- Unknown

Whether a person exercises significant influence or control over the company/partnership.

- Directly
- Indirectly
- Unknown

[Note: Please enter particulars of each and every beneficial owner in a separate form]

UNSPECIFIED OR UNKNOWN BENEFICIAL OWNER

Reason;

[Note: Please give a description and attach evidence of the steps taken to acquire the particulars]

LINK OF BENEFICIAL OWNER WITH THE COMPANY/partnership

Specify how the beneficial owner is linked to the company

(a) Name of shareholder/partner;

(b) Names of directors appointed by the beneficial owner;

Lodged on behalf of the company/partnership by:

Name:

ID/ Passport number

Address:

Signature:

Capacity****:

Source***

Date:

Notes

****Please indicate whether director, secretary or advocate of the company.

****Please indicate whether the information obtained was (a) provided by the beneficial owner or their authorized representative; or (b) provided by a third party not directly related to the beneficial owner.