

KYC Questionnaire**SECTION A – COMPANY DATA AND CONTACT DETAILS**

Company name: (hereinafter referred to as “Company”)	
Legal Form:	
Registered Address:	
Country of Incorporation:	
Registration No.:	
Date of Registration:	
Tax Residence:	
If the Company is listed on a stock exchange, specify the name of the stock exchange:	
Website:	
Contact person: Name: Position: Phone No.: E-mail:	
Number of employees of the Company:	
Number of subsidiaries in the group:	
External auditor(s):	
Supervisory agencies (if applicable):	
ACER code (if applicable):	
LEI code (if applicable):	

SECTION A – DOCUMENTATION REQUIRED

No.	Document	Check X if the documents have been provided	Specific Requirement
1.	Extract from Commercial Register (or Certificate of Incorporation or equivalent registration document)	<input type="checkbox"/>	The registration document should not be older than 3 months and should include information on the Company name, legal form, registered address, country of incorporation, registration No., date of registration.

2.	Memorandum or Articles of Association (or equivalent founding document)	<input type="checkbox"/>	-
3.	Financial statements	<input type="checkbox"/>	The most recent audited (if applicable) financial statements and audited (if applicable) financial statements of the year before should be submitted.
4.	VAT registration certificate	<input type="checkbox"/>	-
5.	Group structure chart	<input type="checkbox"/>	The chart should contain affiliates of the Company.

SECTION B – SHAREHOLDER(S), BENEFICIAL OWNER(S), MANAGEMENT
SHAREHOLDER(S)

Shareholder(s) (please indicate % of shareholdings)

ULTIMATE BENEFICIAL OWNER(S), (over 25% individuals only)

Ultimate beneficial owner(s) (please indicate % of holding)

MANAGEMENT STRUCTURE

Members of the Board of Directors (or similar statutory body)

Members of the Supervisory Board (or similar supervisory body)

SECTION B – DOCUMENTATION REQUIRED

No.	Document	Check X if the documents have been provided	Specific requirement
6.	List of shareholders	<input type="checkbox"/>	Each shareholder to be specified by name and address.
7.	List of ultimate beneficial owner(s)	<input type="checkbox"/>	Each beneficial owner to be specified by name, address, nationality and date of birth.
8.	List of Members of the Board of Directors (or other statutory body)	<input type="checkbox"/>	Each Member of the Board of Directors to be specified by name, address, nationality and date of birth.
9.	List of Members of the Supervisory Board (or other supervisory body)	<input type="checkbox"/>	Each Member of the Supervisory Board to be specified by name, address, nationality and date of birth.

SECTION C – COMMERCIAL ACTIVITIES

Description of core activity:	
Activities generating more than 10% of the total annual revenue:	
Does the Company hold a license to conduct its activities?	
Main market:	
Other markets generating more than 10% of the total annual revenue:	
Main products:	
Other products generating more than 10% of the total annual revenue:	

SECTION C – DOCUMENTATION REQUIRED

No.	Document	Check X if the documents have been provided
10.	License to conduct activities	

SECTION D – AML, CFT

Is the Company subject to Anti Money Laundering (AML)/Combating Financial Terrorism (CFT) laws and regulations?	
Specify the applicable AML and CFT laws and regulations:	
Name of the regulator:	
Does the Company have any internal rules and regulations regarding AML and/or CFT policies and procedures?	
Has the Company established any compliance program containing AML and/or CFT policies and procedures?	
Has the Company or any of its shareholders, ultimate beneficial owners, members of the statutory body or senior management been subject to any investigation for money laundering by the law enforcement authorities of any country?	
If yes, please provide details:	
Are any of your ultimate beneficial owners, members of the statutory body or senior management classed as "politically exposed persons" within the meaning of the Directive (EU) 2015/849 of 20 May 2015 and corresponding applicable laws and regulations?	
If yes, please provide details (minimum requirements: name, position and public function):	

SECTION D – DOCUMENTATION REQUIRED

No.	Document	Check X if the documents have been provided
11.	Copy of internal rules and regulations regarding AML and/or CFT policies and procedures.	
12.	Copy of compliance program containing AML and/or CFT policies and procedures.	

Declaration

I hereby declare that:

1. The information provided in this KYC Questionnaire is true and accurate to the best of my knowledge;
2. I will inform SPP Storage, s.r.o. of any changes regarding the information provided in this KYC Questionnaire without any undue delay from the date when they come to my knowledge;
3. I acknowledge that SPP Storage, s.r.o. has the right from time to time or at any given time to evaluate, examine or check the information provided in this KYC Questionnaire;
4. I agree that the company SPP Storage, s.r.o. is authorized, for the purposes of the "Know Your Customer" (KYC) process, to provide the attached KYC Questionnaire and/or documents provided by SPP Storage, s.r.o. within the KYC process and/or information contained in the KYC Questionnaire to companies belonging to the EPIF group, i.e., EP Infrastructure, a.s. with its registered office at Pařížská 130/26, Josefov, 110 00, Prague 1, Czech Republic, ID: 02413507, registered in the Commercial Register kept by the Municipal Court in Prague, Section B, File No.: 21608, and to all companies directly or indirectly controlled by it.;

Date:

Name and position: