

Cointik UAB

Questionnaire for legal entities

Dear customer,

Please prepare the following:

- Corporate Formation document;
 - Company Share Registry;
 - *Organizational Chart displaying ownership structure;
- *(if your business entity is owned by another entity)
- Proof of Business Operating Address document showing the physical address of the company;

Please tick appropriate response

Entity & Ownership		
1	Full legal entity name	
1a	Please provide any previous legal names and/or trade names.	
2	Full legal registered address	
3	Full primary operating address (if different to the above)	
4	Please list all the office locations for your entity, including the office locations of all subsidiaries and parent entities associated with your organization.	
5	Select ownership type and provide an ownership chart (if available)	<input type="checkbox"/> Publicly traded with 51% or more shares traded <input type="checkbox"/> Government or State Owned <input type="checkbox"/> Member Owned <input type="checkbox"/> Privately Owned <input type="checkbox"/> Other (please specify):
5a	If 'publicly traded' is selected, please indicate the exchange traded on and the ticker symbol.	
6	If 'member-owned,' 'privately-owned,' or 'other' is selected, have all intermediary beneficial owners and ultimate beneficial owners with direct or indirect ownership of 25% or more shares, equity, or voting rights (or 10% where applicable*) been identified in the application? Please provide documentation to support the ownership and control of the legal entity. *Note that if the country of formation of the legal entity is outside of the US, UK, CA, AU, IE, or IT,	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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	the supporting documentation must identify all individuals who own 10% or more shares, equity, or voting rights of the legal entity.	
7	<p>Please provide the names and countries of residence for all Ultimate Beneficial Owners (UBOs) of the legal entity.</p> <p>* UBOs are individuals with a controlling interest who hold 25% or more shares or equity in the legal entity, or if the legal entity is located outside of the US, UK, CA, AU, IE, or IT. The supporting documentation should include information on all individuals who own 10% or more shares, equity, or voting rights of the legal entity.</p>	
8	Does your local company register have the most up to date ownership and control information on file?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8a	If no, please confirm the date of when the register will be updated.	
9	Please provide the name of your regulator or supervisory body and registration number if applicable.	
10	Please provide the type of regulation, supervisory regime, or licensing arrangements your business requires.	
10a	In the event that the entity is exempt from licensing, registration, or authorisation please provide clarification on the applicable reasons for the exemption.	
11	Does the entity's regulatory license explicitly cover the jurisdiction(s) in which it offers its services?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
12	<p>Please confirm the countries the entity offers its services in.</p> <p>If you are providing services in a jurisdiction that does not require licensing, please include the details of these jurisdictions.</p>	
12a	How do you market and distribute your services?	<input type="checkbox"/> Online platforms and websites <input type="checkbox"/> Traditional advertising <input type="checkbox"/> Referrals from existing clients <input type="checkbox"/> Email marketing campaigns <input type="checkbox"/> Social media channels (e.g., Facebook, Twitter, LinkedIn) <input type="checkbox"/> Participation in industry conferences and events

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This part of the questionnaire is mandatory for prospective applicants of Cointik who are engaged in providing services within the Financial Institution, Cryptocurrency Exchange, Investment Firm, Crypto ATM, Non-Bank Financial Institution, Third Party Payment Processor industries, or any other legal entity involved in offering cryptocurrency reselling services.

The purpose of this questionnaire and attestation is to ensure that our clients are compliant with the Anti-Money Laundering (AML) and Counter-Terrorist Financing (CTF) Program established and implemented by their relevant regulatory authorities or governing bodies responsible for combating money laundering and terrorist financing activities.

Each question in the questionnaire must be answered from the perspective of the legal entity, and the questionnaire does not cover more than one legal entity.

If No or N/A to any of the questions is selected, additional context is required at the bottom of each section.

By completing this attestation, the legal entity is confirming they meet the necessary requirements and has implemented appropriate measures to prevent money laundering and terrorist financing activities.

The information collected in this questionnaire is part of the due diligence process at Cointik UAB.

Please note that this questionnaire will be used as a formal attestation, and therefore, by completing and submitting it, you acknowledge and certify the accuracy and truthfulness of the information provided.

Anti-Money Laundering Program		
14	Does the entity have a designated Compliance Officer responsible for the overall AML Program and for coordinating and overseeing the AML Program on a day-to-day basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
15	What is the name of the designated Compliance Officer?	
16	Is the entity's AML, CTF and Sanctions Program approved at least annually by the Board or equivalent Senior management committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16a	If no, please provide further clarification which explains the involvement or approval process applied by the Board or equivalent senior management committee.	
17	When was the AML Program last reviewed?	
17a	Who last reviewed the AML Program?	<input type="checkbox"/> Compliance Officer <input type="checkbox"/> MLRO <input type="checkbox"/> Senior Management <input type="checkbox"/> Board <input type="checkbox"/> Other (please specify):
18	Has the entity developed written procedures and supporting processes to prevent, detect, and	<input type="checkbox"/> Yes

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	report suspicious customer and/or merchant activity?	<input type="checkbox"/> No <input type="checkbox"/> N/A
19	Does the entity have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
19a	If yes, when was the date of the last audit?	
19b	Were there any material findings? If so, please provide the findings and remediation plan.	
20	Does the entity prohibit doing business (accounts and/or relationships) with shell banks? * A shell bank is a financial institution that exists only on paper and lacks physical operations, often used for various purposes including legal activities depending on the jurisdiction.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
21	Does the entity have specific policies and procedures for the identification, verification and monitoring for Politically Exposed Persons (PEPs), including their relatives and close associates (RCAs) and entities owned and controlled by them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
22	Does the entity have record retention policies and procedures that comply with applicable laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
23	Are the entity's AML policies and procedures applied to all of its branches and subsidiaries regardless of the country in which they operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
24	Does your list of prohibited countries include all OFAC sanctioned countries?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	
Risk Assessment		
25	Does the entity conduct an enterprise AML risk assessment to identify risks associated with their customers, products, services, transactions, and geographic locations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
26	Does the entity conduct an enterprise sanctions risk assessment to identify risks associated with sanctions regulations implemented in the jurisdictions in which they operate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
27	Does the entity conduct Customer Risk Assessments to determine the appropriate level of Due Diligence?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	
KYC/CDD		
28	Has the entity implemented customer identification policies and procedures that are in line with applicable laws and regulations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
28a	Have you implemented manual or automated verification processes or combination of both?	<input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Both <input type="checkbox"/> N/A
29	Does the entity permit fiat currency transactions (deposits, withdrawals, payments, transfers, and/or trades)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
30	If required by applicable laws and regulations, does the entity obtain and verify the customer's ultimate beneficial ownership (UBO) information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
31	Does the entity have a process to review, and update know your customer (KYC) information?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
32	Does the entity assess its customers' AML policies or practices, when applicable?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	
Customer Screening		
33	If the entity performs customer screenings against global and domestic sanctions lists, please check all that apply from the following list:	<input type="checkbox"/> Consolidated United Nations Security Council Sanctions List (UN) <input type="checkbox"/> United States Department of the Treasury's Office of Foreign Assets Control (OFAC) <input type="checkbox"/> Office of Financial Sanctions Implementation HMT (OFSI)

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		<input type="checkbox"/> European Union Consolidated List (EU) <input type="checkbox"/> Lists maintained by other G7 member countries <input type="checkbox"/> Other (please specify):
34	Does the entity screen customers against Politically Exposed Persons (PEPs) lists?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
34a	If yes, what is the method used by the entity to screen for Politically Exposed Persons (PEPs)?	<input type="checkbox"/> Third Party Vendor <input type="checkbox"/> Manual Screening <input type="checkbox"/> N/A
35	Does the entity screen customers against Adverse Media and/or Negative News?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
35a	If yes, what is the method used by the entity to screen for Adverse Media and/or Negative News?	<input type="checkbox"/> Third Party Vendor <input type="checkbox"/> Manual Screening <input type="checkbox"/> N/A
36	If a third party vendor is used for watchlist screening, please detail the name of the vendor.	
37	If manual screening is conducted for customer screening, please list which government and/or competent authority websites are being used to perform screening.	
38	Do you perform screening at the point of establishing new relationships?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
39	Do you perform screening of all names on an ongoing basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	
Transaction Monitoring & Reporting		
40	Does the entity complete a risk based assessment to understand the normal and expected nature of transactions of its customers and/or merchants?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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41	Does the entity have regulatory requirements to report suspicious transactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
41a	If yes, to which regulatory authority?	
42	Does the entity have a transaction monitoring program designed to identify and report unusual or suspicious transaction activity?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
42a	If yes, is the transaction monitoring process manual, automated or a combination of both?	<input type="checkbox"/> Manual <input type="checkbox"/> Automated <input type="checkbox"/> Both <input type="checkbox"/> N/A
43	Does the entity perform blockchain monitoring on its clients?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
43a	If yes, please provide details on the specific methods and tools used for blockchain monitoring.	
44	Where cash transaction reporting is mandatory, does the entity have procedures to identify transactions structured to avoid such obligations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
44a	Do you accept physical cash in any part of your organization's operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	
Training		
45	Does the entity provide training to relevant employees that includes identification and reporting of transactions that must be reported to government authorities, examples of red flags of money laundering involving the entity's products and/or services, and internal policies to prevent money laundering?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46	Does the entity retain records of its training sessions including attendance records and relevant training materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
47	Does the entity communicate new AML related laws or changes to existing AML related policies or practices to relevant employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	

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Outsourcing		
48	Does the entity outsource any components of its AML, CTF & Sanctions Program to third parties?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48a	If yes, please list the names of all outsourced service providers along with their respective functions.	
48b	Does the entity provide adequate training, oversight and monitoring to ensure the outsourced service provider complies with all necessary aspects of its AML program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	
Third Party Payment Processors and Money Remitters (please skip this section if N/A)		
49	Please provide details on your merchant base.	
50	Please provide details on your merchant activities.	
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	
Private Investment Company, Venture Capital/Private Equity Fund, and Hedge Fund (please skip this section if N/A)		
51	Please provide the name of the appointed Fund Administrator.	
52	Does the Fund rely on the Fund Administrators AML regime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52a	If yes, please confirm the specific controls entrusted to the Fund Administrator. (select all that apply)	<input type="checkbox"/> KYC/CDD/EDD Measures <input type="checkbox"/> Risk Assessments <input type="checkbox"/> Transaction Monitoring <input type="checkbox"/> Blockchain Monitoring <input type="checkbox"/> Sanctions & PEP Screening <input type="checkbox"/> AML Training <input type="checkbox"/> Suspicious Activity Reporting
*	If appropriate, please provide any additional information or context pertaining to the answers given in this section.	

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Certification by Compliance Officer, Member of Board or Senior Director (or equivalent)	
I certify that the responses provided in this questionnaire are a true and accurate reflection of the legal entity's Anti-Money Laundering/Counter-Terrorist Financing Program.	
Full name	
Signature	
Title/position	
Contact (email/phone)	
Date	
Entity Registration Number	