

Ultimate Beneficial Owner (UBO) statement

Why do you need to complete this?

Insurers and other parties involved in an insurance policy must comply with relevant legislation. That is why we are obliged to conduct customer due diligence before taking out an insurance policy. Without customer due diligence, we cannot process your application any further or we cannot make any payment. Part of this is determining the ultimate beneficial owner (in other words: 'UBO') and checking this against the sanction lists. We therefore ask you to complete this form as soon as possible.

Who is/are your UBO(s)?

If your organization is a legal person, such as an association, foundation, cooperative, mutual insurance company, NV, BV or comparable foreign legal form, your UBO is:

- the natural person who has a direct or indirect interest of 25% or more in the capital of your organization and/or
- the natural person who can directly or indirectly exercise 25% or more of the voting rights in the general meeting of your organization and/or
- the natural person who is the beneficiary of 25% or more of the assets of your organization and/or
- the natural person who has special control over 25% or more of the assets of your organization. This means that the person has a special right of control that is laid down in, for example, the articles of association and/or
- the natural person who has actual control(*) over your organization.
 - (*) there is actual control over a legal person or partnership if a natural person:
 - (i) can appoint or dismiss the majority of a supervisory, management or administrative body;
 - (ii) controls the majority of the voting rights;
 - (iii) otherwise has a dominant influence on the organization or;
 - (iv) has the right to dispose of (a part of) the assets of the organization.

Please note: there must always be at least 1 person with actual control.

Information regarding your organization

Company registration type	
Company registration No	
Statutory name (if legal person)	
Name according to Chamber of Commerce (if partnership)	
Address	

Questionnaire

The following questions need to be answered in order to find out who the UBOs of your organization are. If you answer one or more questions with Yes, you can enter the details of these natural persons on the next page. If in doubt, please also fill in the details of the possible UBOs on the next page. Note: There can be multiple UBOs.

1. Are there natural persons who own 25% or more of the shares of the legal entity directly or through another legal entity?
 Yes
 No

2. Are there natural persons who are entitled to or have special control over 25% or more of the assets of the organization?
 Yes
 No

3. Are there natural persons who are entitled to a share of 25% or more in the profits of the organization?
 Yes
 No

4. Are there natural persons who can exercise 25% or more of the voting rights in the general meeting of the organization?
 Yes
 No

In addition to the persons who qualify as UBO on the basis of questions 1 to 4, there are also persons with actual control *. This may in any event include directors and/or officers authorized to sign.

- If you answered Yes to question 1, fill in the details of all UBO(s) on the next page, stating the % Share per UBO.
- If you answered yes to question 2, 3 or 4, fill in the details of all UBO(s) on the next page and tick Control. In addition, you also enter the persons with actual control*. Please note: there must always be at least 1 person with actual control*.
- If one UBO has both a % Share and Control, please state both.
- If, in your opinion, no UBO can be designated, we request that you state the details of the natural persons who are authorized to take and sign board decisions on behalf of your organization.

UBO data 1

Full names	
Surname	
Residential address and postal code	
Place of birth	
Date of birth	
Nationality (please specify all)	
% Share and/or Control and/or Voting rights	

UBO data 2

Full names	
Surname	
Residential address and postal code	
Place of birth	
Date of birth	
Nationality (please specify all)	
% Share and/or Control and/or Voting rights	

UBO data 3

Full names	
Surname	
Residential address and postal code	
Place of birth	
Date of birth	
Nationality (please specify all)	
% Share and/or Control and/or Voting rights	

UBO data 4

Full names	
Surname	
Residential address and postal code	
Place of birth	
Date of birth	
Nationality (please specify all)	
% Share and/or Control and/or Voting rights	

Privacy

The General Data Protection Regulation (GDPR) applies to the processing of personal data, for our complete Privacy Policy we refer you to our website. The data obtained with this form is processed in the context of customer due diligence that insurers and other parties involved in an insurance policy carry out in order to comply with the Customer Due Diligence (CDD) obligations arising from the financial, sanctions and other related regulations. Furthermore, the data is processed to prevent and combat fraud against financial institutions and for statistical analyses. We make sure your data is in safe hands and only a limited amount of staff have access to our UBO information.

Disclaimer

Signing this form is separate from the insurance contract. An insurance agreement is only concluded after written acceptance of the risk offered by the insurer(s).

Signing

The undersigned(s), alone or jointly authorized to sign and bind the organization on behalf of the organization, declare(s) to have completed this form completely and truthfully.

By signing this you agree to inform us as soon as possible if changes have taken place that relate to the UBOs of your organization. Think of the situation in which your organization receives a new UBO, if the data of the existing UBOs of your organization change or if existing UBOs of your organization can no longer be regarded as UBOs.

Name	
Function	
Date	
Place	
Signature	