

KYC Form for Beneficiary (Simplified Version)

Pursuant to the FATF (Financial Action Task Force)'s Recommendations 10 and the laws* of the Republic of Korea, Seoul Guarantee Insurance Company shall check out the Beneficiary's information as specified below before issuing a bond for a third party.

* Article 10-4 of the Enforcement Decree of the Act on Reporting and Using Specified Financial Transaction Information

Article 10-4 (Matters relating to Identity of Customers) "Matters relating to the customer's personal information prescribed by Presidential Decree" in Article 5-2(1)1(a) of the Act means matters under the following classification:

1. (Omitted)
2. For a profit-making corporation: Real name, business category, the location of its principal office and places of business, contact information, and the name, the date of birth and the nationality of its representative;
3. For a non-profit corporation or any other organization: Real name, the purpose of its establishment, the seat of its principal office, contact information, and the name, the date of birth and the nationality of its representative;
4. For a foreigner or foreign organization: Matters corresponding to those specified in subparagraphs 1 through 3, nationality, and the residence or location of its office in Korea.

* Article 20 and 32 of the Anti-Money Laundering and Prohibition against the Financing of Terrorism Regulations

Article 20 ④ ... (omitted) ... In the case of financial transactions in relation to the insurance for a third party, customers mean the contractor and the beneficiary for the insurance.

Article 32 (Principles) ... (omitted) ... With regards to the beneficiary of the indemnity proceeds as per Paragraph ④ of Article 20, customer identification shall be conducted when the beneficiary is designated and financial institutions, etc. pay out the indemnity proceeds to the beneficiary.

Please fill out the following form and submit it to Seoul Guarantee Insurance Company. If you do not submit the form, your transaction may be rejected or terminated pursuant to the relevant laws and regulations.

KYC Form

Company Name		Corporate Registration Number	
Address			
Line of Business		<input type="checkbox"/> Casino Operator, Currency Exchange Operator, Money Lender or Virtual Currency Operator	
Purpose of Incorporation		(for non-profit institutions only)	
Representative	Name	Date of Birth	(for foreigners only)
	Nationality	Name (in English)	
Contact Information	Phone	Country where the principal office resides	(for foreign companies only)
	Fax		

I hereby confirm that I have been fully explained on the purpose of this KYC form.

Date: dd/mm/yyyy

Company Name	(Signature)	Representative
		Phone Number ☎