



## KYC FORM

### Business Information\* (Section 1)

Company Legal Name:	
Company DBA (if different):	
Website Address:	
Date of Incorporation:	
Country of Incorporation:	
Office Address	
Street:	
City:	
State:	
Postal Code:	
Country:	
Company Registration Number:	
Entity Type (Ltd, LLC, Partnership etc):	
Tax Identification Number (Federal Tax ID/VAT ID, etc.):	
Parent Company:	
Type of Business Activity (tick as many as appropriate):	
Lessor	
MRO	
Airline / Operator	
Broker / Dealer	
Manufacturer	
Distributor	
Other (please describe):	

\*Certificate of incorporation is a mandatory requirement upon submitting this form

### Business Contact Information (Section 2)

Purchasing Contact Name:	
Purchasing Contact Email Address:	
Purchasing Contact Phone:	
Billing Address	
Street:	
City:	
State:	
Postal Code:	
Country:	
Accounts Payable Contact Information	
Accounts Payable Contact Name:	
Accounts Payable Contact Email Address:	
Accounts Payable Contact Phone:	
Finance Lead Contact Name:	
Finance Lead Contact Email Address:	
Finance Lead Contact Phone:	
Invoices Email Address:	
Special Instructions for Invoices (if any):	

### Other Information (Section 3)

Accreditations and Certifications (ASA-100, AS9100, etc.):	
Form W-9 (if applicable):	
Resale Certificates per State (USA):	
FAA / EASA / CAAC or other certifications:	



Bank and Credit Information (Section 4)	
Bank Name:	
Bank Officer Name:	
Bank Officer Phone:	
Bank Officer Email:	
Account Number / IBAN:	
Routing Number / SWIFT / BIC:	
Bank Address	
Street:	
City:	
State:	
Postal Code:	
Country:	

Trade/Credit References (Min 3 required irrespective of credit terms application) (Section 5)
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Reference Company Name:	
Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	
Length of Trading Relationship:	
Balance outstanding:	
Credit Limit:	
Reference Company Name:	
Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	
Length of Trading Relationship:	
Balance outstanding:	
Credit Limit:	
Reference Company Name:	
Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	
Length of Trading Relationship:	
Balance outstanding:	
Credit Limit:	



## Shareholders / Governance\* (Section 6)

<b>Legal Entity Shareholding &gt; 20% (if applicable):</b>	
<b>Name:</b>	
<b>Trading Address</b>	
<b>Street:</b>	
<b>City:</b>	
<b>State:</b>	
<b>Postal Code:</b>	
<b>Country:</b>	
<b>Country of Incorporation:</b>	
<b>Company Registration Number:</b>	
<b>% Shareholding:</b>	
<b>Ultimate Beneficial Owner:</b>	
<b>Name:</b>	
<b>% Owned:</b>	
<b>DOB:</b>	
<b>Country of Residence:</b>	
<b>Board of Directors / Company Officers:</b>	
<b>Name:</b>	
<b>DOB:</b>	
<b>Country of Residence:</b>	
<b>Executive / Non-Executive:</b>	
<b>Name:</b>	
<b>DOB:</b>	
<b>Country of Residence:</b>	
<b>Executive / Non-Executive:</b>	
<b>Name:</b>	
<b>DOB:</b>	
<b>Country of Residence:</b>	
<b>Executive / Non-Executive:</b>	

\*Shareholders/Governance data is a mandatory requirement upon submitting this form

### Customer Checklist check (Section 7)

#### Mandatory:

Compliance Statement Signed

Certification of Incorporation or equivalent

Shareholders / Governance

#### Desirable:

EASA / FAA Registration Certificate (if applicable)

ASA100 / AS9120 / ISO9001 (if applicable)

Other Industry Affiliations / Certifications

Tax Clearance Certificate

Certificate / Letter of Good Standing from local registrar

Any other pertinent information (please describe)

Subject to approval by Finance, all Invoices are to be paid within 30 days from the date of the invoice.

By submitting this information, you authorize Killick Aerospace Limited to liaise with references and banking officials to disclose requested information.

The company agrees that if, after the date of this providing this information, it becomes aware of any information that would cause such certifications or information to become inaccurate or incomplete, the company will immediately furnish Killick with a report detailing such changes in circumstances and will promptly remediate the same.

You agree to Killick Aerospace Limited's Terms and Conditions

([https://www.killickaerospace.com/\\_files/ugd/9c8064\\_df03fc53758e4ac9806d20f6890d6eb6.pdf](https://www.killickaerospace.com/_files/ugd/9c8064_df03fc53758e4ac9806d20f6890d6eb6.pdf))

Please return this form by email to [finance@killickaerospace.com](mailto:finance@killickaerospace.com)

### Signed by Authorised Personnel (Section 8)

I, \_\_\_\_\_, hereby confirm that to the best of my knowledge, having made due and careful enquiry, the information provided in this application is true, accurate and correct:

Signature

Name and Title

Email address

Date

### INTERNAL USE ONLY

SALESPERSON

TAX CLEARANCE CHECK

TRADE / CREDIT REFERENCE CHECK

COMPANY REGISTRATION CHECK

COMPLIANCE CHECK

APPROVED BY