Entity & Ownership

Due Diligence   
Questionnaire Marketplaces

## Entity Information

| ID | Question | Response |
| --- | --- | --- |
| Α.1 | **Full Legal Name** |  |
| Α.2 | **Trading/brand Name (if applicable)** |  |
| Α.3 | **Type of Legal Entity** |  |
| Α.4 | **Country of incorporation** |  |
| Α.5 | **Date of incorporation** |  |
| Α.6 | **Registered Address** |  |
| Α.7 | **Website Address** |  |
| Α.8 | **Please state whether the entity you are representing is a licensed Financial Institution/Payment Services Provider** |  |
|  | **If yes:**   1. **please state the Primary Supervisory/Regulatory Authority Name & Country** 2. **please attach AML CFT related Policies** 3. **please attach Wolfsberg questionnaire** |  |
| A.9 | **Are you acting as commercial agent solely on behalf of the merchants operating through your marketplace?** |  |
| A.10 | **Are you acting on your own behalf or on the account of a third party (trustor)?[[1]](#footnote-2)** |  |
| A.11 | **In addition to inspections by the government supervisors/regulators, does the Entity have an internal audit function, a testing function or other independent third party, or both, that assesses FCC AML, CTF and Sanctions policies and practices on a regular basis?** |  |
| Α.12 | **Key business location/s of operations** | Address of operations 1:  Address of operations 2:  Address of operations 3:  Other addresses: |
| A | Does your institution have physical presence at any of the above addresses? | Yes/No  If yes, list of addresses with physical presence: |
|  | If no, please state the actual physical address of HQ. |  |
| Α.13 | **Select the business areas applicable to the Entity** |  |
|  | Building Association |  |
|  | Insurance |  |
|  | Money Remittance |  |
|  | Payment Account |  |
|  | Money Exchange / FX |  |
|  | Cryptocurrency |  |
|  | Retail Banking |  |
|  | Private Banking / Wealth Management |  |
|  | Commercial Banking |  |
|  | Investment Banking |  |
|  | Transactional Banking |  |
|  | Financial Markets Trading |  |
|  | Securities Services / Custody |  |
|  | Broker / Dealer |  |
|  | **Other, please specify:** |  |
| Α.14 | **Total Assets in Euro, as of the latest tax declaration or Financial Statements** |  |
| Α.15 | **Number of Employees** |  |

# Commercial Info

| ID | Question | Response |
| --- | --- | --- |
| B.1 | **What are the products/services offered?** |  |
| B.2 | **Who are your clients? (Consumer, Businesses, both?)** |  |
| B.3 | **What is the business focus regarding location?** | Domestic/Non-Domestic |
| B.4 | **If non-domestic, please choose the areas (i.e., Europe, North America etc.)** | □ Europe  □ Africa  □ N. America  □ S. America  □ Asia  □ Australia  □ Middle East  □ Far East  □ CIS/CEE |
| B.5 | **Please, state the industries you work with** |  |
| B.6 | **Do you restrict any of the below industries?** | □ Gambling  □ Arms  □ MSB/PSP  □ Atomic Power |
| B.7 | **Breakdown of the estimated resident, non-resident and offshore clientele** | Natural Persons:  □ Resident: \_\_\_%  □ Non-Resident: \_\_\_%  Corporations:  □ Resident: \_\_\_%  □ Non-Resident: \_\_\_%  □ Offshore: \_\_\_%  FIs:  □ Resident: \_\_\_%  □ Non-Resident: \_\_\_%  □ Offshore: \_\_\_% |
| B.8 | **Breakdown of estimated client’s structure** | Total number of clients: \_\_\_\_\_\_\_  Natural persons: \_\_\_%  SMEs: \_\_\_%  Corporations: \_\_\_%  FIs: \_\_\_%  Others: \_\_\_% |
| B.9 | **Please provide figures for:**   * **Annual Volume of Transactions (€)** * **Annual number of transactions** * **Est. number of clients** * **Countries where service is provided** * **% of transaction value per country** * **Settlement Currencies** |  |
| B.10 | **What brand is displayed in the e-commerce site checkout?** |  |
| B.11 | **What brand is displayed in the customer bank statement?** |  |
| B.12 | **Who do the Buyers interact for Refunds/Disputes?** |  |
| B.13 | **Who performs the delivery of good & services?** |  |
| B.14 | **Do your platform host companies they are:**   * **Franchises,** * **Travel agents** * **High-Brand Risk Merchants (Gambling, CBD/Vaping/Tobacco, Financial Services, on-line Pharmacies offering prescribed drugs)?** * **Offering Services?** |  |
| B.15 | **Can the buyer purchase items/services from multiple sellers during a single checkout?** |  |
| B.16 | **Who does the buyer receive a tax receipt from?** |  |
| B.17 | **Who receives the customer funds? Marketplace or Seller directly (possible only when purchase includes items from a single seller)?** |  |

# RISK OF FINANCIAL LOSSES

| ID | Question | Response |
| --- | --- | --- |
| C.1 | **Do you accept the liability for all acts, omissions, buyers’ disputes, and other customer service-related issues caused by the merchants?** |  |
| C.2 | **Do you have contractual agreement clarifying liabilities and obligations safeguarding your company against financial losses and activity restrictions\*, with all your merchants?**  **\*activities restrictions are described in Section 13. of VIVAWALLET terms and conditions** |  |
| C.3 | **Do you have risk management personnel & systems to communicate and settle merchants’ disputes?** |  |
| C.4 | **Do you have risk management personnel & systems to minimize risks from merchants’ activities?** |  |
| C.5 | **Do you have merchants that accept payments well in advance of delivering their goods or services? If yes, do you have controls to mitigate financial losses that could outcome from Products / Services not Provided Risk?** |  |
| C.6 | **Do you have controls on proper monitoring of merchants’ websites to safeguard your company against financial losses and products offering?** |  |
| C.7 | **Do you accept Viva Wallet to perform reviews of your internal controls regarding the mitigation of financial losses?** |  |
| C.8 | **Do you have policies and procedures to manage risk of financial losses?**  **Please provide policies and processes**  **Please provide financial statements / annual reports / credit assessments or any other document providing information for the financial status of your company and/or its creditworthiness** |  |

# Declaration Statement

*To be signed by the Group Money Laundering Prevention Officer or Global Head of Anti- Money Laundering or Chief Compliance Officer or Global Head of Financial Crimes Compliance or equivalent).*

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title: ), certify that I have read and understood this declaration, that the answers provided in this questionnaire are complete and correct to my honest belief, and that I am authorised to execute this declaration on behalf of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature & Date)

1. If you are acting on account of a third party, please provide a list of all trustees (name(s), incl. trust agreement and for legal entities notarized and apostilled extract from commercial register or notarized and apostilled passport copies for private individuals) [↑](#footnote-ref-2)