Customer KYC Form

Know Your Customer and Account Application

Please complete all sections in full and return the form, with supporting documents.
Fields marked * and sections marked *Mandatory* are required for the account to be opened.

1. BUSINESS INFORMATION

Mandatory - Certificate of Incorporation required

COMPANY LEGAL NAME *

TRADING NAME / DBA (IF DIFFERENT)

WEBSITE *

DATE OF INCORPORATION *

COUNTRY OF INCORPORATION *

COMPANY REGISTRATION NUMBER *

ENTITY TYPE (LTD, LLC, ETC.) *

TAX ID (VAT / EIN / OTHER) *

PARENT COMPANY (IF APPLICABLE)

Registered office address

STREET ADDRESS *

CITY *

STATE / COUNTY

POSTAL CODE

COUNTRY *

Type of business activity (tick all that apply)

- ☐ Lessor
- ☐ MRO
- ☐ Airline / Operator
- ☐ Broker / Dealer
- ☐ Manufacturer
- ☐ Distributor

OTHER (PLEASE DESCRIBE)

2. BUSINESS CONTACT INFORMATION

	NAME	EMAIL ADDRESS	PHONE
Purchasing			
Accounts Payable			
Finance Lead			

INVOICES EMAIL ADDRESS

SPECIAL INSTRUCTIONS FOR INVOICES (IF ANY)

Billing address

STREET ADDRESS

CITY

STATE / COUNTY

POSTAL CODE

COUNTRY

3. ACCREDITATIONS AND CERTIFICATIONS

QUALITY ACCREDITATIONS (ASA-100, AS9120, ISO 9001, ETC.)

REGULATORY APPROVALS (FAA / EASA / CAAC / OTHER)

FORM W-9 (US ENTITIES, IF APPLICABLE)

RESALE CERTIFICATES BY STATE (US ENTITIES)

4. BANK INFORMATION

BANK NAME

BANK OFFICER NAME

BANK OFFICER PHONE

BANK OFFICER EMAIL

ACCOUNT NUMBER / IBAN

SWIFT / BIC / ROUTING NUMBER

Bank address

STREET ADDRESS

CITY

STATE / COUNTY

POSTAL CODE

COUNTRY

5. TRADE / CREDIT REFERENCES

Minimum of three required

Reference 1

COMPANY NAME

CONTACT PERSON

PHONE

EMAIL ADDRESS

LENGTH OF RELATIONSHIP

BALANCE OUTSTANDING

CREDIT LIMIT

Reference 2

COMPANY NAME

CONTACT PERSON

PHONE

EMAIL ADDRESS

LENGTH OF RELATIONSHIP

BALANCE OUTSTANDING

CREDIT LIMIT

Reference 3

COMPANY NAME

CONTACT PERSON

PHONE

EMAIL ADDRESS

LENGTH OF RELATIONSHIP

BALANCE OUTSTANDING

CREDIT LIMIT

6. SHAREHOLDERS AND GOVERNANCE

Mandatory

Legal entity shareholder holding more than 20% (if applicable)

ENTITY NAME

COUNTRY OF INCORPORATION

REGISTRATION NUMBER

% HELD

STREET ADDRESS

CITY

STATE / COUNTY

POSTAL CODE

COUNTRY

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Ultimate beneficial owner(s) (Section 6 continued)

FULL NAME	% OWNED	DATE OF BIRTH	COUNTRY OF RESIDENCE

Board of directors / company officers

FULL NAME	DATE OF BIRTH	COUNTRY OF RESIDENCE	EXECUTIVE / NON-EXECUTIVE

7. SUPPORTING DOCUMENTS CHECKLIST

Mandatory

- ☐ Signed declaration (Section 8)
- ☐ Certificate of Incorporation or equivalent
- ☐ Shareholders and governance (Section 6)

Desirable

- ☐ EASA / FAA registration certificate
- ☐ ASA-100 / AS9120 / ISO 9001 certificate
- ☐ Other industry affiliations / certifications
- ☐ Tax clearance certificate
- ☐ Certificate / letter of good standing

OTHER SUPPORTING INFORMATION (PLEASE DESCRIBE)

8. TERMS AND DECLARATION *Mandatory*

- Subject to approval by Killick Aerospace Finance, all invoices are payable within 30 days of the invoice date.
- By submitting this form, the company authorises Killick Aerospace Limited to contact the references and banking officials named above and authorises them to disclose the information requested.
- If the company becomes aware of any change that would make the information or certifications provided inaccurate or incomplete, it will notify Killick Aerospace promptly in writing and remedy the matter without delay.
- The company agrees to the Killick Aerospace Limited Terms and Conditions.

I confirm that, to the best of my knowledge and having made due and careful enquiry, the information provided in this application is true, accurate and complete.

FULL NAME * **JOB TITLE** *

EMAIL ADDRESS * **DATE** *

SIGNATURE *

FOR KILLICK AEROSPACE INTERNAL USE ONLY

SALESPERSON **TAX CLEARANCE CHECK** **TRADE / CREDIT REF. CHECK**

COMPANY REGISTRATION CHECK **COMPLIANCE CHECK** **APPROVED BY / DATE**