



# **DKK PARTNERS**

DeFi-First. TradFi-Native.

## **Client Onboarding Application Form**

**Welcome to DKK Partners Ltd. This form collects the information and documentation required for our compliance and onboarding process in accordance with applicable regulatory obligations.**

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## **SECTION 1 – COMPANY INFORMATION**

*All questions marked with \* are required.*

Legal Entity Name:\*

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Entity Type / Legal Form:\*

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Registered Address (Building Number, Street Name, Suite/Floor/Unit Number, City, State/Province Region, Postal Code, Country):\*

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Operational Address (if different from registered address) (Building Number, Street Name, Suite / Floor / Unit Number (if applicable), City, State / Province / Region, Postal Code / ZIP Code, Country):\*

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Company Registration Number:\*

---

Company Standard Industrial Classification Code (e.g. SIC, NAIC, NACE, ISIC):

---

TAX ID / VAT No.:

---

Date of Incorporation:\*

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Company Website:\*

---

Contact Number:\*

---

Company's Email Address:\*

---

Is your trading name different? (YES/NO)\*

---

*If you answered "Yes," please complete the additional information section below in **bold**.*

*If you answered "No," please continue to the **next question**.*

**What is your trading name?**

---

**Trading/Operating address (if different from Legal Entity address):**

---

Country of Incorporation:\*

---

Nature of Business Industry Sector:\*

---

Nature of Business Activity:\*

---

Listing Body(if any):

---

Name of External Auditor:

---

Source of Funds:\*

---

**Please refer to Section 10 for the relevant attachment(s) that need to be sent.**

## **SECTION 2 – LICENSING INFORMATION**

*All questions marked with \* are required.*

Is your company Regulated? (YES/NO)\*

---

*If you answered "Yes," please complete the additional information section below in **bold**.*

*If you answered "No," please proceed to **Section 3: SERVICES REQUIRED**.*

### **License No.1**

**Name of Regulator(s):\***

---

**License Number(s):\***

---

**Jurisdiction of Regulation:\***

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### **License No.2**

**Name of Regulator(s):\***

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**License Number(s):\***

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**Jurisdiction of Regulation:\***

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### **License No.3**

**Name of Regulator(s):\***

---

**License Number(s):\***

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**Jurisdiction of Regulation:\***

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Please refer to Section 10 for the relevant attachment(s) that need to be sent.

*If the company holds more than three (3) licenses, please [click here to provide details of the additional licenses](#).*

## SECTION 3 – SERVICES REQUIRED

All questions marked with \* are required.

Please describe the reason(s) for seeking services from DKK? (e.g. Hedging, Liquidity & Treasury Management):\*

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Nature of typical transactions? (e.g. Supplier payments):\*

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Which currencies do you intend to Buy/Sell regularly:\*

---

What are the key destination countries?\*

---

Estimated average monthly transaction volume? (Number of transactions):\*

---

Estimated average monthly transaction value? (USD equivalent):\*

---

Does your business engage in virtual assets? (YES/NO)\*

---

If you answered "Yes," please complete the additional information section below in **bold**.

If you answered "No," please continue to the **next question**.

**Which crypto currencies? (please tick all that apply)\***

Please note that our subsidiary, DKK Digital, provides regulated digital asset services. For further information, please visit [www.dkkdigital.io](http://www.dkkdigital.io)

- Bitcoin (BTC)
- Ethereum (ETH)
- Stablecoins (e.g. USDT, USDC)
- Other (Please specify) \_\_\_\_\_

**Virtual Asset Activities (please tick all that apply to your business):\***

- Exchange Services (operating or facilitating buying, selling, or trading of virtual assets)
- Custody Services (holding or safeguarding virtual assets on behalf of clients)
- Issuance Services (creating, minting, or issuing a virtual asset or token)
- Settlement Services (handling settlement or asset transfer transactions between parties)

Does the company comply with AML/CFT obligations under applicable laws? (YES/NO):\*

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Does your operational structure include any DAOs? (YES/NO)

---

*If you answered "Yes," please complete the additional information section below in **bold**.*

*If you answered "No," please continue to the **next question**.*

**List of DAOs:**

*Please list all DAOs involved in your operational structure.*

---

**Purpose of Each DAO:**

*For each DAO listed, describe its intended purpose within your operations.*

---

## **SECTION 4 – DIRECTORS**

*All questions marked with \* are required.*

Full Name:\*

---

Date of Birth:\*

*Applicants must be over 18 years of age.*

---

Role/Position in the Company:

---

Nationality:\*

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Residential Address (Street, House Number,  
City, Zip/Postcode, Country):\*

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Email Address:\*

---

ID Document Number:\*

---

ID Document Type:\*

---

ID Document Issuing Country:\*

---

ID Document Expiration Date:\*

*Please ensure your identification document has at least  
6 months of validity remaining.*

---

Please refer to Section 10 for the relevant attachment(s) that need to be sent.

## Additional Directors (if applicable)

*All questions marked with \* are required.*

Full Name:\*

---

Date of Birth:\*

*Applicants must be over 18 years of age.*

---

Role/Position in the Company:

---

Nationality:\*

---

Residential Address (Street, House Number,  
City, Zip/Postcode, Country):\*

---

Email address:\*

---

ID Document Number:\*

---

ID Document Type:\*

---

ID Document Issuing Country:\*

---

ID Document Expiration Date:\*

*Please ensure your identification document has at least  
6 months of validity remaining.*

---

Please refer to Section 10 for the relevant attachment(s) that need to be sent.

*If there are more than two (2) Directors, please [click here to add additional Directors.](#)*

## **SECTION 5A – OWNERSHIP & CONTROL (INDIVIDUAL)**

Individual/Ultimate Beneficial Owner (UBO) holding 25% or more of shares/voting rights

*All questions marked with \* are required.*

### **Individual Shareholder**

Full Name:\*

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Date of Birth:\*

*Applicants must be over 18 years of age.*

---

Percentage of Ownership (%):\*

---

Nationality:\*

---

ID Document number:\*

---

ID Document type:\*

---

ID Document issuing country:\*

---

ID Document expiration date:\*

*Please ensure your identification document has at least 6 months of validity remaining.*

---

Shareholder Residential Address (Street, House Number, City, Zip/Post Code, Country):\*

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Please input the email address of the Shareholder / UBO named above:\*

---

Name of authorized individual/s and Position:\*

---

Please refer to Section 10 for the relevant attachment(s) that need to be sent.

## Additional Shareholders (if applicable)

*All questions marked with \* are required.*

Full Name:\*

---

Date of Birth:\*

*Applicants must be over 18 years of age.*

---

Percentage of Ownership (%):\*

---

Nationality:\*

---

ID Document Number:\*

---

ID Document Type:\*

---

ID Document Issuing Country:\*

---

ID Document Expiration Date:\*

*Please ensure your identification document has at least 6 months of validity remaining.*

---

Shareholder Residential Address (Street, House Number, City, Zip/Post Code, Country):\*

---

Please input the email address of the Shareholder / UBO named above:\*

---

Name of authorized individual/s and Position:\*

---

Please refer to Section 10 for the relevant attachment(s) that need to be sent.

*If there are more than two (2) Shareholders, please [click here to add additional Shareholders](#).*

## **SECTION 5B – OWNERSHIP & CONTROL (LEGAL ENTITY)**

Legal Entity Shareholder holding 25% or more of shares

*All questions marked with \* are required.*

Legal Entity Name:\*

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Company Registration Number:\*

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Company Registered Address:\*

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Country of Incorporation:\*

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Date of Incorporation:\*

---

Percentage of Ownership (%):\*

---

Nature of Business Industry Sector:\*

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Nature of Business Activity:\*

---

**Please refer to Section 10 for the relevant attachment(s) that need to be sent.**

## Additional Legal Entity Shareholder (if applicable)

*All questions marked with \* are required.*

Legal Entity Name:\*

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Company Registration Number:\*

---

Company Registered Address:\*

---

Country of Incorporation:\*

---

Date of Incorporation:\*

---

Percentage of Ownership (%):\*

---

Nature of Business Industry Sector:\*

---

Nature of Business Activity:\*

---

Please refer to Section 10 for the relevant attachment(s) that need to be sent.

*If there are more than two (2) Legal Entities, please [click here to add additional Legal Entities](#).*

## SECTION 6 – PEPS

All questions marked with \* are required.

Is anyone within the company a Politically Exposed Person (PEP)? (Including known associates/close family members)? (YES/NO)\* \_\_\_\_\_

If you answered "Yes," please complete the additional information section below in **bold**.

If you answered "No," please proceed to **Section 7: AUTHORIZED TRADERS**.

**Full Name:\***

\_\_\_\_\_

**Date of Birth:\***

*Applicants must be over 18 years of age.*

\_\_\_\_\_

**Position held and public function:\***

\_\_\_\_\_

**Country where position held:\***

\_\_\_\_\_

**Relationship to the company:\***

\_\_\_\_\_

**Dates during which the position was held:\***

\_\_\_\_\_

**Is the individual still in a PEP role?**

**(YES/NO):\***

\_\_\_\_\_

Please refer to Section 10 for the relevant attachment(s) that need to be sent.

## Additional PEPs (if applicable)

*All questions marked with \* are required.*

**Full Name:\***

---

**Date of Birth:\***

*Applicants must be over 18 years of age.*

---

**Position held and public function:\***

---

**Country where position held:\***

---

**Relationship to the company:\***

---

**Dates during which the position was held:\***

---

**Is the individual still in a PEP role?**

**(YES/NO):\***

---

Please refer to Section 10 for the relevant attachment(s) that need to be sent.

*If there are more than two (2) PEPs, please [click here to add additional PEPs](#).*

Full Name:\*

---

Position:\*

---

Email Address:\*

---

Mobile Phone:\*

---

### Additional Traders (if applicable)

Full Name:\*

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Position:\*

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Email Address:\*

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Mobile Phone:\*

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Full Name:\*

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Position:\*

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Email Address:\*

---

Mobile Phone:\*

---

Full Name:\*

---

Position:\*

---

Email Address:\*

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Mobile Phone:\*

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**If there are more than four (4) Traders, please [click here to add additional Traders.](#)**

From time to time, we may share updates or information about our services that could benefit your company. Would you be interested in receiving these communications by subscribing to our newsletter? (YES/NO)\* \_\_\_\_\_

*If you answered "Yes," please provide your email address in the additional information section below **in bold**.  
If you answered "No," please continue to the **next question**.*

**Email Address:\*** \_\_\_\_\_

Where did you hear about DKK PARTNERS LTD?\*

- Company Website
- Email Newsletter
- Event
- Social Media (LinkedIn, Facebook, Instagram, Twitter / X)
- Newspaper / Magazine
- Referral from sales person (Please specify) \_\_\_\_\_

Other (Please specify) \_\_\_\_\_

## **SECTION 9 – CONTACT INFORMATION**

Contact Persons's Name:\*

\_\_\_\_\_

Contact Person's Position:\*

\_\_\_\_\_

Business Email Address:\*

\_\_\_\_\_

Business Telephone Number:\*

\_\_\_\_\_

Please provide the following documents by attaching them to your email when submitting the manual onboarding form.

## 1. COMPANY INFORMATION

- Organizational Chart showing reporting lines, roles, and responsibilities (If a certified or notarized copy is available, please provide).\*
- Certificate of Incorporation or Registration (Certified extracts from the corporate registry are acceptable).\*
- Memorandum and Articles of Association (Please provide a certified/notarized copy of this document).\*

## 2. LICENSING INFORMATION

- Relevant licenses or authorizations (Please provide a certified/notarized copy of this document if available).

**Note: If your company holds more than one (1) license, attach documents for all licenses.**

## 3. DIRECTORS

- Valid government-issued proof of identity (passport, national ID card, residence permit, driving license, or any other government-issued ID). Please provide a certified/notarized copy of this document.\*
- Proof of residential address dated within the past 3 months, excluding mobile phone bills. Please provide a certified/notarized copy of this document.\*

**Note: If there are multiple directors, attach documents for all directors.**

## 4. INDIVIDUAL / ULTIMATE BENEFICIAL OWNER (UBO) SHAREHOLDER

- Proof of Identity (International Passport, National Identity Card, Driving License). Please provide a certified/notarized copy of this document.\*
- Proof of residential address dated within the past 3 months, excluding mobile phone bills. Please provide a certified/notarized copy of this document.\*

**Note: If there are multiple individual shareholders, attach documents for all shareholders.**

## 5. LEGAL ENTITY SHAREHOLDER

- Certificate of Incorporation or Registration Document (Please provide a certified/notarized copy of this document).\*
- Organizational Chart (reporting lines, roles, responsibilities).\*
- Corporate Structure Chart (Group structure / legal entity chart, if applicable). Please provide a certified/notarized copy of this document.\*

***Note: If there are multiple legal entity shareholders, attach documents for all entities.***

## 6. PEPs

- Supporting identification / public references (if available).

***Note: If there are multiple PEPs, attach documents for all relevant persons.***

## **SECTION 11 – CLIENT DECLARATION**

*All questions marked with \* are required.*

By completing and submitting this Questionnaire, I confirm that:

1. I confirm that I am duly authorized to sign this Questionnaire on behalf of the 'Client/Company' that the personal data of persons provided in this Questionnaire is obtained lawfully and that I am entitled to disclose such personal data to DKK Partners Ltd when filling in this Questionnaire.
2. I confirm that such persons, whose data is provided in this Questionnaire are informed about the processing of their personal data by DKK Partners Ltd and have consented or otherwise legally agreed to such processing of their personal data.
3. I confirm that the information provided in this Questionnaire is correct and that I undertake to immediately, but not later than within 14 (fourteen) days, notify DKK Partners Ltd in writing about any changes to the information provided in this Questionnaire.
4. I confirm the 'Client/Company' will use the services of DKK Partners Ltd for legitimate purposes only and I understand that if it is found that the information provided in this Questionnaire is inaccurate or false, following applicable requirements deriving from legal acts, this may be communicated to the UK's law enforcement agencies and business relationship between the 'Client/Company' and DKK Partners Ltd may be terminated unilaterally.
5. This Agreement shall be governed by and construed in accordance with English Law. The parties agree to irrevocably submit to the exclusive jurisdiction of the English Courts.
6. DKK Partners Ltd is covered by Data Protection Registration No: C1169273 and any information provided on this form may be used for identity verification, tracing, and prevention of fraud. We will only use your information for the purpose as described and will not pass your details (without your consent) on to any third party other than the authorities for the purposes of fraud prevention.

Please confirm that you have read and understood the terms above and that you agree to comply with them. (YES/NO)\*

\_\_\_\_\_

### **Authorized Signature\***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_