



International
Carbon
Registry

KYC - Due Diligence

Guidelines

Complete this form in accordance with the instructions in placeholder text.

Legal name of Organization
[Email address]

Know your Customer Check

Complete this form following the instructions in placeholder text. When completed send to admin@carbonregistry.com with accompanying attachments.

| KYC – Due Diligence | |
|---|---|
| Legal Name | Legal name of Organization |
| Headquarters Registered Operating Address (if applicable) / Country / PO Box: | Address (street name, zip, city, region, country, weblink to physical address) |
| Legal Form | Association / Cooperative / Corporation / Trust / Estate Foundation / JV (Joint Venture) / LLC / Sole Proprietorship / SPV, SPE, Special Investment Vehicle |
| Industry Sector | Industry Sector, provide evidence. |
| Website and Email | Website URL and email address. |
| Company Registration Number | Registration number, provide evidence. |
| Tel. | Telephone number with country code |
| Identification of Directors / Beneficial Owners i.e. identity of the real person(s) who have ultimate ownership/control incl. directors and provide evidence of identity (amend list as applicable): | |
| ID Number: | ID Number / Passport number. |
| Name: | Full Name. |
| Title | Job title. |
| Nationality: | Nationality. |
| Date of birth: | Date of birth. |
| Address: | Address. |
| Email Address: | Email. |
| Tel.: | Tel. with country code. |
| | |
| Identification of Authorized Signatories, please provide evidence of authorization (amend list as applicable): | |
| ID Number: | ID Number / Passport number. |

| | | |
|---|----------------------------------|--|
| Name: | Full Name. | |
| Title | Job title. | |
| Nationality: | Nationality. | |
| Date of birth: | Date of birth. | |
| Address: | Address. | |
| Email Address: | Email. | |
| Tel.: | Tel. with country code | |
| | | |
| State names and addresses of associated companies. State whether Parent/Subsidiary/Other. Amend the list as applicable: | Name: | Full Name. |
| | Address: | Address. |
| | Company registration number: | Registration number. |
| | Type: | Parent/Subsidiary/Other. |
| Purpose of business relationship with ICR, including its registry platform: | <input type="checkbox"/> | Project Proponent |
| | <input type="checkbox"/> | Validation/Verification Body |
| | <input type="checkbox"/> | Market Participant |
| | <input type="checkbox"/> | General User |
| | <input type="checkbox"/> | Other, Please state |
| Purpose of the account | <input type="checkbox"/> | Transactions only for own account. Legal name of Organization declares that Legal name of Organization will only act for its own account and not be acting as an agent, fiduciary, riskless principal, account manager, trustee or otherwise for a third party customer. |
| | <input type="checkbox"/> | Transaction on behalf of others and own account. Confirms that in entering orders and effecting transaction over the account, the Account holder will be acting on behalf of third parties. |
| Other Applicable Information | Click or tap here to enter text. | |
| Attachments (mark checkboxes if evidence is provided with attachments) | <input type="checkbox"/> | Copy of Passport |
| | <input type="checkbox"/> | Certificate of Incorporation |
| | <input type="checkbox"/> | Letter of Authority of Authorized Signatories |
| | <input type="checkbox"/> | VAT registration statement (if applicable) |