cruisepay

LEGAL ENTITY KYB/ EDD FORM

Money Services Business

Cruisepay Finance Ltd

Effective Date: March 2026

LEGAL ENTITY
KYB / ENHANCED DUE DILIGENCE FORM

Cruisepay Finance Ltd — Money Services Business

Form Version 1.0 | March 2026 | Ref: CPI-KYB-ENT-_____

This form must be completed in full for all legal entity clients of Cruisepay Finance Ltd Incomplete forms will be returned. All fields with grey background labels are mandatory. Information collected is used for compliance with the Proceeds of Crime (Money Laundering) and Terrorist Financing Act (PCMLTFA) and will be handled in accordance with our Privacy Policy.

SECTION 1 — APPLICANT INFORMATION (Person completing this form)	
Full Name of Applicant *Individual completing the KYB application*	
Position / Title	
Email Address	
Phone Number	
SECTION 2 — LEGAL ENTITY DETAILS	
Legal Entity Name *Full registered name*	
Trading Name / DBA *If different from legal name*	
Registration / Incorporation Number	
Jurisdiction of Incorporation *Country and province/state*	
Date of Incorporation *DD/MM/YYYY*	
Registered Office Address	
Principal Business Address *If different from registered office*	
City / Province / Postal Code	
Country	
Website Address	
Organization's Tax ID Number	
Country of Tax Residency	
Entity Type	☐ Corporation (single-layer ownership) ☐ Corporation (multi-layer / complex ownership) ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Trust / Foundation ☐ Not-for-Profit Organization / Charity ☐ Sole Proprietorship ☐ Other (specify below)
If Other, specify:	

Business Type / Industry	☐ Financial Services (licensed) ☐ Money Services Business (MSB) ☐ Custodial Crypto Services (qualifying for EDD) ☐ Non-Custodial Crypto Services ☐ Other Crypto / Blockchain (qualifying for EDD) ☐ IT Services / Technology ☐ E-Commerce / Retail ☐ Import / Export / Trade ☐ Professional Services (legal, accounting) ☐ Real Estate ☐ Others (specify below)
If Others, specify nature of business:	
Is the entity a registered charity for income tax purposes?	☐ Yes ☐ No
If not a registered charity, does it solicit charitable financial donations from the public?	☐ Yes ☐ No

Not-for-profit organizations that are not registered charities and that solicit donations require enhanced due diligence under FINTRAC guidance.

SECTION 3 — BUSINESS DESCRIPTION

Describe the entity's principal business activities, products, and key customers:	
Purpose of relationship with CruisePay *e.g., Payment processing, treasury management, crypto exchange for clients*	
Expected Monthly Volume	☐ Low: Under CAD 5,000 ☐ Medium: CAD 5,000 – 50,000 ☐ High: CAD 50,000 – 200,000 ☐ Very High: Over CAD 200,000
Expected Transaction Destinations	☐ Domestic (Canada only) ☐ Low-risk FATF countries ☐ Mix of low and medium-risk countries ☐ Includes high-risk jurisdictions (specify below)
If high-risk jurisdictions, specify:	

SECTION 4 — BENEFICIAL OWNERSHIP (25%+ Ownership or Control)

List all individuals who directly or indirectly own or control 25% or more of the entity. If no individual meets this threshold, provide the most senior managing officer's details and note this in the comments. Attach additional sheets if more than 3 beneficial owners.

Beneficial Owner #1

Full Legal Name	
Date of Birth *DD/MM/YYYY*	
Nationality	

Residential Address	
Email Address	
Phone Number	
ID Document Type & Number *e.g., Passport AB1234567*	
ID Place of Issue / Expiry	
Ownership Percentage *Direct and/or indirect %*	
Is this UBO a Politically Exposed Person (PEP)? (qualifying for EDD)	☐ Yes ☐ No
Beneficial Owner #2	
Full Legal Name	
Date of Birth *DD/MM/YYYY*	
Nationality	
Residential Address	
Email Address	
Phone Number	
ID Document Type & Number *e.g., Passport AB1234567*	
ID Place of Issue / Expiry	
Ownership Percentage	
Is this UBO a Politically Exposed Person (PEP)?	☐ Yes ☐ No
Beneficial Owner #3	
Full Legal Name	
Date of Birth *DD/MM/YYYY*	
Nationality	
Residential Address	
Email Address	
Phone Number	
ID Document Type & Number *e.g., Passport AB1234567*	
ID Place of Issue / Expiry	
Ownership Percentage	
Is this UBO a Politically Exposed Person (PEP)?	☐ Yes ☐ No
If YES to any PEP question above: Senior management approval is required. Source of funds evidence required. Client rated HIGH (Group C) automatically.	
If no individual owns/controls 25%+	
Most Senior Managing Officer Name	
Most Senior Managing Officer Title	
Reason BO cannot be determined	

When beneficial ownership cannot be determined, the client must be treated as High Risk (Group C).	
SECTION 5 — CORPORATE SHAREHOLDER DETAILS (If a shareholder is another entity)	
If any shareholder holding 25%+ is itself a corporate entity, provide the following for that shareholder entity. Look through to identify the ultimate individual beneficial owners.	
Corporate Shareholder Legal Name	
Registration / Incorporation Number	
Jurisdiction of Incorporation	
Registered Address	
UBO(s) of Corporate Shareholder *Name, email, contact, ownership %*	
Provide a self-certified shareholders registry for the corporate shareholder, issued within the last 6 months, signed by its Director or UBO.	
SECTION 6 — DIRECTORS	
List all directors of the entity. Attach additional sheets if more than 3.	
Director #1	
Full Name	
Citizenship	
Email Address	
Social Media / LinkedIn Profile *Optional but recommended*	
Director #2	
Full Name	
Citizenship	
Email Address	
Director #3	
Full Name	
Citizenship	
Email Address	
SECTION 7 — AUTHORIZED SIGNATORIES	
Individuals authorized to operate the account, initiate transactions, and bind the entity.	
Authorized Signatory #1	
Full Legal Name	
Date of Birth *DD/MM/YYYY*	
Nationality	
Residential Address	
Email Address	
Phone Number	
ID Document Type & Number *e.g., Passport AB1234567*	

ID Place of Issue / Expiry	
Authorization Scope *e.g., Full authority, transaction limit CAD 50,000*	
Authorized Signatory #2	
Full Legal Name	
Date of Birth *DD/MM/YYYY*	
Nationality	
Residential Address	
Email Address	
Phone Number	
ID Document Type & Number *e.g., Passport AB1234567*	
ID Place of Issue / Expiry	
Authorization Scope	
SECTION 8 — THIRD PARTY DETERMINATION	
Will any other person or entity have access to, manage, or give instructions regarding the account or transactions?	☐ Yes ☐ No
If YES, complete the following. If NO, proceed to Section 9.	
Third Party Name	
Third Party Address	
Principal Business / Profession	
Incorporation No. (if entity)	
Nature of Relationship	
SECTION 9 — PRODUCTS AND SERVICES REQUESTED	
Products / Services Required	☐ Electronic Funds Transfers (domestic) ☐ Electronic Funds Transfers (international) ☐ SEPA Credit Transfers ☐ SEPA Instant Transfers ☐ SEPA Direct Debits ☐ Payment Card — Prepaid (physical / virtual) ☐ Payment Card — Debit (corporate) ☐ Digital Wallet ☐ Crypto Asset Exchange — Fiat-to-Crypto ☐ Crypto Asset Exchange — Crypto-to-Fiat ☐ Crypto Asset Exchange — Crypto-to-Crypto ☐ API Integration / B2B Payment Processing
Purpose of Account / Services *e.g., Supplier payments, payroll, treasury, client settlement*	
SECTION 10 — CRYPTO ASSET SERVICES (Complete only if crypto services requested)	

Does the entity hold a license or registration to deal in virtual currency / crypto assets?	☐ Yes ☐ No
If yes, specify license type, jurisdiction, and number:	
Primary purpose of crypto services	☐ Treasury management / Corporate reserves ☐ Client settlement / Payment processing ☐ Trading / Market making ☐ Other (specify below)
If Other, specify:	
Will the entity send/receive crypto from third-party wallets not in its name?	☐ Yes ☐ No
Expected crypto transaction volume (monthly):	

CruisePay uses blockchain analytics to screen all crypto transactions. Transactions involving sanctioned wallets, mixing services, or darknet markets will be blocked and reported.

SECTION 11 — SOURCE OF FUNDS AND SOURCE OF WEALTH

Source of Funds for Transactions	☐ Business revenue / Operating income ☐ Investment income / Returns ☐ Loan / Credit facility proceeds ☐ Capital injection from shareholders ☐ Government grant / Subsidy ☐ Crypto asset holdings / Mining revenue ☐ Other (specify below)
If Other, specify:	
Source of Wealth of the Entity	☐ Accumulated business profits ☐ Shareholder investment / Equity ☐ Sale of assets / Business ☐ Loan proceeds ☐ Other (specify below)
If Other, specify:	

Documentary evidence of source of funds (3-month bank statement) is required for all EDD clients. Source of wealth evidence may also be requested.

SECTION 12 — DECLARATIONS AND COMPLIANCE QUESTIONS

Sanctions and High-Risk Jurisdictions

Does the entity have business activities in, or connections to: Afghanistan, Iran, Syria, North Korea, Cuba, Myanmar, South Sudan, Russia, or any other comprehensively sanctioned country?	☐ Yes ☐ No
Does the entity have business activities in CIS countries (Russia, Belarus, Azerbaijan, Uzbekistan, Turkmenistan, Armenia, Moldova, Ukraine, Tajikistan, Kazakhstan, Kyrgyzstan)?	☐ Yes ☐ No
Has the entity, or any of its officers, directors, key employees, or majority shareholders ever been issued regulatory fines or sanctions, or are	☐ Yes ☐ No

currently part of any regulatory investigations?	
Has the entity, or any of its officers, directors, key employees, or majority shareholders ever been convicted of a criminal offense or are currently part of any civil litigation or criminal proceedings?	☐ Yes ☐ No
Has the entity or any of its officers, directors, affiliates, or majority shareholders ever declared bankruptcy?	☐ Yes ☐ No
Licensing and AML Compliance	
Does the entity hold any financial services license or MSB registration?	☐ Yes ☐ No
If yes, specify license/registration details:	
Does the entity have a documented AML/CFT compliance program?	☐ Yes ☐ No
Has the entity undergone an independent AML/CFT program review in the past 2 years?	☐ Yes ☐ No
Acknowledgments	
I confirm that all information provided in this form is true, accurate, and complete.	☐ Yes ☐ No
I understand that CruisePay monitors transactions and may report suspicious activity to FINTRAC without notifying the entity.	☐ Yes ☐ No
I consent to CruisePay collecting, using, and disclosing the entity's information as described in the Privacy Policy.	☐ Yes ☐ No

SECTION 13 — DOCUMENT CHECKLIST

"EDD Only" documents are required for entities rated Medium (B) or High (C), and for all custodial crypto, other crypto, and MSB business types.

Document Required	All Clients	EDD Only	Received ☐
Certificate of Incorporation / Registration	☐		☐
Memorandum / Articles of Association	☐		☐
Self-certified shareholders registry (within 6 months, signed by Director/UBO, with company name and registration number)	☐		☐
UBO identity documents (passport or government ID — clear copy, all corners visible, both sides)	☐		☐
Self-certified directors list (within 6 months, signed by Director/UBO, with full names and citizenship)	☐		☐
Proof of registered office address (utility bill or bank statement, within 3 months)	☐		☐
Authorized signatory ID documents and authorization letter/resolution	☐		☐
Completed and signed KYB/EDD Form (this form)	☐		☐
Copy of relevant business license (MSB registration, financial services license, crypto license)		☐	☐
AML/CFT compliance policy document		☐	☐
Source of funds evidence (3-month entity bank statement)		☐	☐
Corporate structure / organogram (for multi-layer ownership)		☐	☐
Most recent audited financial statements or annual report		☐	☐
Corporate shareholder documents (if shareholder is another entity — see Section 5)		☐	☐

SECTION 14 — RISK SCORING (Compliance Officer Use Only)			
Category	**Points**	**Max**	**Notes**
1. Client Identity & Entity Type		25	
2. Geographic Factors		25	
3. Product & Service Usage		25	
4. Transaction Profile		25	
5. Additional Risk Indicators		Variable	
TOTAL SCORE		0–29 = Low (A) | 30–59 = Medium (B) | 60+ = High (C)	
RISK RATING ASSIGNED	☐ LOW (A) ☐ MEDIUM (B) ☐ HIGH (C)		
Automatic High-Risk Override?	☐ PEP/HIO UBO ☐ Prior STR ☐ Sanctions ☐ BO Refused ☐ None		
Senior Management Approval (if High)	Name:	Signature:	Date:
Compliance Officer Review	Name:	Signature:	Date:
Next Review Date	Low: 12 months | Medium: 10 months | High: 6 months | Date: _____		

AUTHORIZED SIGNATORY DECLARATION AND SIGNATURE	
I, the undersigned, being duly authorized to act on behalf of the entity named in this form, hereby declare that all information provided is true, accurate, and complete to the best of my knowledge. I understand that providing false or misleading information may result in the termination of the entity's account and may constitute a criminal offense. I consent to Cruisepay Finance Ltd collecting, verifying, and retaining the entity's information as required by the PCMLTFA and as described in CruisePay's Privacy Policy.	
Authorized Signatory Signature:	**Date:**
Print Name and Title:	**Company Stamp / Seal:**