



## **DECLARATION OF ULTIMATE BENEFICIAL OWNERSHIP INFORMATION**

Please provide information on the ultimate beneficial owners (UBO) of your organization in the format provided below:

1. **Legal Name of the business as per Certificate of Registration/CR12:**

\_\_\_\_\_

2. **Registration Number:** \_\_\_\_\_

**(Tick the box that applies to your ownership/control structure and complete the box below)**

- ☐ The UBO(s) listed in the table below exercise 10% or more **shareholding** or **equity ownership**.
- ☐ The UBO(s) listed in the table below exercise 10% or more **indirect ownership** through another legal entity (e.g., holding companies, subsidiaries).
- ☐ The UBO(s) listed in the table below exercise 10% or more **control through voting rights**.
- ☐ The UBO(s) listed in the table below **appoint directors** or exercise **significant influence** over the company's operations.
- ☐ The UBO(s) listed in the table below have **voting rights** in members' meetings and control over the company's decisions.
- ☐ The UBO(s) listed in the table below are **beneficiaries** of the trust or legal arrangement controlling the company.
- ☐ The UBO(s) listed in the table below have **control exercised through legal arrangements** (e.g., powers of appointment)
- ☐ **We are a Publicly Traded Entity** listed on a public stock exchange, where ownership is dispersed among numerous shareholders, and no single individual or group exercises 10% or more significant control or influence over the entity.
- ☐ **There are no UBOs** exercising 10% or more shareholding/ control/influence/voting rights.

#	Full Name of Beneficial Owner natural person (s)	Identity Card/Pass port Number	Nationality	Date of birth [dd/mm/yyyy]	Designation	Phone number	Controlling ownership/ Interest (%)
1							
2							
3							





The organization undertakes to inform **Safaricom PLC** of any change in the information provided in this declaration, promptly and in any event within thirty (30) days of such change.

I / We hereby agree to the contents of this declaration and confirm all details provided therein are valid, effective, and binding and the same may be deemed to be true and correct. I/ We acknowledge that any false information provided may result in legal consequences.

For and on behalf of _____		Witnessed By: Commissioner of Oaths/Notary Public/Company Secretary/Accountant/Auditor
Signature of the Authorised Official:		Signature:
Full Name of the Authorised Official:		Name:
Date:		Date:

*This declaration should be certified by a registered lawyer, auditor, or accountant. If the lawyer or accountant is in-house, he or she must be registered with the relevant professional body and registration must be verified (e.g., license number provided).*

