## genome™

## Anti-Money Laundering and Compliance Questionnaire for licensed Betting/Gambling entities requesting services from UAB "Maneuver LT" (Genome)

In order to ensure the effective provision of financial services and fulfil the requirement of KYC (Know-Your-Customer) ant AML (Anti-Money Laundering), we ask you to fill in the provided questionnaire.

By sending this form back to us, you confirm that the information provided in it is true and correct.

No	Question	Answer		
1.	Please provide the company's full legal name and registration number.			
2.	Please list all operated website(s) of the company.			
3.	Please provide test credentials for all of the above-listed websites.			
4.	Please describe the overall planned cash flow through Genome accounts.			
	Please also fill in separately:	I		
	• transaction types	□ в2в	□ B2C	□ С2В
	• approximate count of monthly transactions			
	• approximate monthly incoming and outgoing total transaction amounts in Genome accounts			
	• minimum and maximum transaction amount			
5.	Please specify your main business partners and activities they engage in/services provided, attach service agreements, where possible.			
6.	Please indicate the company's turnover of the previous year and provide audited annual financial statements (balance and profit/loss sheets). <u>If</u>			
Žalg	NEUVER LT, UAB girio g. 92-710, Tel. +370 5 2412667 09303, Vilnius Tel. +370 617 87312	C/C 304785124 Vat number LT10001170991	IBAN: LT0431100 SWIFT/BIC: MNNEL	



	audited statements can't be provided – please specify the reason.	
7.	Please specify the origin of the funds that sustain your operations (customer wagers or bets, loans, investment capital, sponsorships, etc.) and upload supporting documents, if possible.	
8.	Please describe the primary wealth- generation mechanisms that have contributed to the financial strength of your organization (profits from betting, investment returns, asset sales, royalties, etc.) and upload supporting documents, if possible.	
9.	Please indicate the number of employees in your company (employed and outsourced employees, specifying the numbers separately for each type).	
10.	Does your company comply with Anti Money Laundering (AML) procedures?	
11.	Has the company assigned a specific employee responsible for implementation and following of Anti- Money Laundering/Counter Terrorist Financing procedures (MLRO)? If so, please indicate the number of responsible employees for AML/CTF prevention and indicate the contacts of such employees: <i>full names, phone</i> <i>numbers, email addresses.</i>	
12.	How many employees has the company employed for AML/CFT/KYC measures in total?	
13.	Please indicate your Gambling Institution's Supervising Authority.	
14.	Please specify your/Gambling Institution's License number.	

## MANEUVER LT, UAB

Žalgirio g. 92-710, LT-09303, Vilnius Tel. +370 5 2412667 Tel. +370 617 87312 info@genome.eu

C/C 304785124 Vat number LT100011709919 IBAN: LT043110018090507579 SWIFT/BIC: MNNELT 21XX / 31100

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15.	Please specify the web address of the Supervising Authority which has issued the License (or a link to the license information/validator).			
16.	Which local/foreign institution(s) do you inform about suspicious transactions in case of Anti-Money Laundering/Counter Terrorist Financing?			
17.	Please let us know whether your Institution procedures/policies for:	-		Name and exact page(s) of the document/procedure:
	Anti-Money Laundering/Counter- Terrorist Financing	□ YES	🗆 NO	
	Know Your Customer (CDD/ODD/EDD)	🗆 YES	□ NO	
	Politically Exposed Persons	🗆 YES	□ NO	
	Transactions Screening/Monitoring	🗆 YES	□ NO	
	SAR/STR Reporting	🗆 YES	□ NO	
	Sanctions Implementation	🗆 YES	□ NO	
18.	Please upload the most recent versions o <u>www.genome.eu</u> or, if the files are too bi		•	•
19.	Do you identify all your customers? If not, please specify which exemptions apply.			
20.	What measures do you use, which documents do you collect physically, remotely and at what stage? <i>Please provide a short description of</i> <i>the clients' identification procedure.</i>			
21.	Do you carry out the identification and reinforced identification/inspection of Politically Exposed Persons (PEP)? If so, describe the process/procedure.			
22.	Do you collect and keep copies of the client's identity documents and other information gathered when identifying the customer's identity? If so, indicate			
	NEUVER LT, UAB girio g. 92-710, Tel. +370 5 2412667	C/C 3047	85124	IBAN: LT043110018090507579
	09303, Vilnius Tel. +370 52412007	Vat number LT1		SWIFT/BIC: MNNELT 21XX / 31100



	the storage period for the information.	
23.	Do you have any open accounts in other banks? If yes, please list bank names and account numbers.	
24.	Has any of your accounts been closed in other banks over the past year? If yes, list the bank names and indicate the reasons.	
25.	Please indicate:	
	Total number of your clients	
	Client count or percentage by countries	
26.	Please provide the complete list of countries you permit your customers to register from.	
27.	In case, when origin of funds is suspicious, is strengthened verification process/procedure used on such transactions? If so, briefly describe the process/procedure.	
28.	Please briefly describe the process for International Sanctions Implementation in your company.	
29.	Is there a possibility to transfer funds from own account to another customer on the website (internal transfer)?	
30.	Is there a possibility to play VS other customer <del>on</del> the website (selected players, e.g. friends)?	

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31.	What kind of rules/thresholds do you have for top-ups/withdrawing of funds?	
32.	Is it possible to withdraw funds in crypto, for example, if deposited in FIAT or vice-versa?	

## **IMPORTANT NOTICE:**

Before submitting the AML Questionnaire and sending the KYC procedure back to us within the <u>www.genome.eu</u> Portal, please check whether the documents requested in questions **5**, **6**, **7**, **8**, **18** are uploaded to the portal/provided to the dedicated Sales/Account Manager.

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