



SECKIN INTERNATIONAL TRADE & CONSULTING

Client, Business Partner & Transaction Onboarding Questionnaire

KYC / KYB / Commercial Profile / Product & Transaction Assessment

Document Purpose

This onboarding questionnaire is designed for new clients, manufacturers, suppliers, sellers, buyers, business partners, associates, mandates, agents, and intermediaries who wish to work with SECKIN INTERNATIONAL TRADE & CONSULTING.

The purpose of this document is to collect sufficient corporate, commercial, product, operational, transaction, logistics, payment, capacity, and mandate/intermediary information so that SECKIN can evaluate the party's profile, understand the business opportunity, assess suitability, identify risks, and match potential buyers, sellers, suppliers, investors, or service providers more effectively.

This document is not only a compliance form. It is also a commercial onboarding and market-matching tool.

1. Applicant / Responding Party Information

Legal Company Name:

Trade Name / Brand Name, if different:

Country of Incorporation:

Registration Number:

Tax Number / VAT Number:

Date of Incorporation:

Registered Address:

Operational Address, if different:

Company Website:

General Email Address:

Telephone / WhatsApp:

Primary Contact Person:

Position / Title:

Email:

Mobile / WhatsApp:

2. Type of Onboarding

Please select the role that best describes your position in this opportunity.

- | | |
|--|---|
| <input type="checkbox"/> Manufacturer / Producer | <input type="checkbox"/> Supplier |
| <input type="checkbox"/> Seller | <input type="checkbox"/> Distributor |
| <input type="checkbox"/> Exporter | <input type="checkbox"/> Buyer |
| <input type="checkbox"/> Importer | <input type="checkbox"/> End Buyer |
| <input type="checkbox"/> Mandate of Seller | <input type="checkbox"/> Mandate of Buyer |
| <input type="checkbox"/> Intermediary / Broker | <input type="checkbox"/> Investor |
| <input type="checkbox"/> Project Owner | <input type="checkbox"/> Service Provider |
| <input type="checkbox"/> Other: <input type="text"/> | |

Please describe your exact role in the transaction:

Are you acting directly as the principal party?

- Yes No

If no, please explain your relationship to the principal party:

3. Corporate Background & Business Activity

Main Business Activity:

Secondary Business Activities:

Industry / Sector:

- | | |
|---|--|
| <input type="checkbox"/> Food & Beverages | <input type="checkbox"/> Edible Products for Human Consumption |
| <input type="checkbox"/> Grains / Agricultural Products | <input type="checkbox"/> Oil & Gas |
| <input type="checkbox"/> Metals | <input type="checkbox"/> Precious Metals |
| <input type="checkbox"/> Construction Materials | <input type="checkbox"/> Defence Industry |
| <input type="checkbox"/> Industrial Products | <input type="checkbox"/> Project Finance |
| <input type="checkbox"/> Investment | <input type="checkbox"/> International Trade Consulting |
| <input type="checkbox"/> Other: <input type="text"/> | |

How many years has the company been active in this business?

Main Countries / Markets Currently Served:

Current Customer Types:

- | | |
|--|--|
| <input type="checkbox"/> Wholesalers | <input type="checkbox"/> Retail Chains |
| <input type="checkbox"/> Distributors | <input type="checkbox"/> Industrial Buyers |
| <input type="checkbox"/> Government / Public Sector | <input type="checkbox"/> Private Companies |
| <input type="checkbox"/> Traders | <input type="checkbox"/> End Users |
| <input type="checkbox"/> Other: <input type="text"/> | |

Short Company Profile:

Please provide a short explanation of your company, business model, market position, and experience.

4. Ownership, Management & Authorization

Shareholders / Ultimate Beneficial Owners:

Please list all shareholders or ultimate beneficial owners holding significant ownership or control.

Name	Nationality	Ownership %	Position	Politically Exposed Person?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Directors / Managers / Authorized Signatories:

Name	Position	Email	Phone	Signing Authority?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Who is authorized to negotiate on behalf of the company?

Who is authorized to sign agreements, purchase orders, sales contracts, invoices, or related commercial documents?

5. Product / Service / Commodity Information

Product / Service / Commodity Name:

Product Category:

Product Origin:

Manufacturer / Producer Name, if different from the applicant:

Brand Name, if applicable:

HS Code, if known:

Technical Specifications:

Quality Standards / Certifications:

- | | |
|--|--|
| <input type="checkbox"/> ISO | <input type="checkbox"/> HACCP |
| <input type="checkbox"/> Halal | <input type="checkbox"/> Kosher |
| <input type="checkbox"/> CE | <input type="checkbox"/> SGS |
| <input type="checkbox"/> Bureau Veritas | <input type="checkbox"/> Intertek |
| <input type="checkbox"/> FDA-related documentation | <input type="checkbox"/> Health Certificate |
| <input type="checkbox"/> Phytosanitary Certificate | <input type="checkbox"/> Certificate of Origin |
| <input type="checkbox"/> Other: <input type="text"/> | |

Available Product Documents:

- | | |
|--|--|
| <input type="checkbox"/> Product Specification Sheet | <input type="checkbox"/> Technical Data Sheet |
| <input type="checkbox"/> Safety Data Sheet | <input type="checkbox"/> Laboratory Analysis |
| <input type="checkbox"/> Certificate of Origin | <input type="checkbox"/> Product Photos |
| <input type="checkbox"/> Packaging Photos | <input type="checkbox"/> Previous Export Documents |
| <input type="checkbox"/> Other: <input type="text"/> | |

Detailed Product Description:

6. Production, Supply & Capacity

Are you the direct manufacturer / producer?

Yes

No

If no, please explain your supply source and your relationship with the manufacturer / producer:

Monthly Production / Supply Capacity:

Annual Production / Supply Capacity:

Minimum Order Quantity:

Maximum Order Quantity per Transaction:

Current Available Stock:

Lead Time for Production / Preparation:

Can you support long-term supply contracts?

Yes

No

Subject to quantity and terms

If yes, please describe your long-term supply capacity:

Do you have seasonal limitations or production restrictions?

Yes

No

If yes, please explain:

7. Buyer / Purchase Requirement Information

Complete this section if you are a buyer, importer, procurement company, or buyer mandate.

Product / Commodity Required:

Required Specifications:

Target Quantity:

Required Frequency:

One-time purchase

Weekly

Monthly

Quarterly

Annual contract

Other:

Target Origin / Acceptable Origin Countries:

Destination Country / Port:

Required Delivery Terms:

EXW

FCA

FOB

CFR

CIF

DAP

DDP

Other:

Target Price or Price Range:

Acceptable Payment Methods:

Bank Transfer / T/T

Letter of Credit

Standby Letter of Credit

Documentary Collection

Escrow

Cash Against Documents

Other:

Proof of Funds / Bank Comfort Letter Available?

Yes

No

Subject to seller verification

Additional Purchase Requirements:

8. Sales Policy / Seller Commercial Terms

Complete this section if you are a manufacturer, supplier, seller, exporter, or seller mandate.

Target Markets / Countries:

Current Export Markets:

Preferred Buyer Type:

- | | |
|---|--|
| <input type="checkbox"/> Distributor | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Retail Chain | <input type="checkbox"/> Industrial Buyer |
| <input type="checkbox"/> Government / Public Sector | <input type="checkbox"/> End Buyer |
| <input type="checkbox"/> Trading Company | <input type="checkbox"/> Other: <input type="text"/> |

Preferred Contract Type:

- | | |
|--|---|
| <input type="checkbox"/> Spot Transaction | <input type="checkbox"/> Trial Order |
| <input type="checkbox"/> Monthly Contract | <input type="checkbox"/> Annual Contract |
| <input type="checkbox"/> Exclusive Distribution | <input type="checkbox"/> Non-Exclusive Distribution |
| <input type="checkbox"/> Other: <input type="text"/> | |

Pricing Basis:

- | | |
|--|--|
| <input type="checkbox"/> Fixed Price | <input type="checkbox"/> Market Price |
| <input type="checkbox"/> Index-Based Price | <input type="checkbox"/> Price Validity Period Applies |
| <input type="checkbox"/> Other: <input type="text"/> | |

Price Validity Period:

Preferred Incoterms:

- | | |
|------------------------------|--|
| <input type="checkbox"/> EXW | <input type="checkbox"/> FCA |
| <input type="checkbox"/> FOB | <input type="checkbox"/> CFR |
| <input type="checkbox"/> CIF | <input type="checkbox"/> DAP |
| <input type="checkbox"/> DDP | <input type="checkbox"/> Other: <input type="text"/> |

Accepted Payment Methods:

- | | |
|--|--|
| <input type="checkbox"/> Advance Payment | <input type="checkbox"/> Partial Advance + Balance Before Shipment |
| <input type="checkbox"/> Bank Transfer / T/T | <input type="checkbox"/> Letter of Credit |
| <input type="checkbox"/> Standby Letter of Credit | <input type="checkbox"/> Documentary Collection |
| <input type="checkbox"/> Cash Against Documents | <input type="checkbox"/> Escrow |
| <input type="checkbox"/> Other: <input type="text"/> | |

Do you require buyer verification before issuing an offer or proforma invoice?

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

If yes, please specify required documents:

9. Logistics, Shipping, Delivery & Insurance

Loading Location / Port / Warehouse:

Destination Markets / Ports Usually Served:

Preferred Mode of Transport:

Sea Freight

Road Transport

Rail

Air Freight

Multimodal

Other:

Packaging Type:

Container / Truck / Bulk Shipment Details:

Who arranges logistics under your standard policy?

Seller

Buyer

Freight Forwarder

Depends on Incoterms

Other:

Insurance Responsibility:

Seller

Buyer

Depends on Incoterms

Other:

Inspection Policy:

Pre-shipment inspection accepted

Third-party inspection accepted

Inspection at loading port

Inspection at destination

Not accepted

Other:

Preferred Inspection Companies, if any:

10. Payment, Banking & Transaction Procedure

Preferred Currency:

USD

EUR

GBP

AED

TRY

Other:

Bank Name:

Bank Country:

Account Holder Name:

Does the account holder match the contracting party?

Yes

No

If no, please explain:

Standard Transaction Procedure:

Please describe your preferred step-by-step transaction procedure from initial offer to payment and delivery.

Can you accept reasonable procedural adjustments depending on buyer/seller requirements?

Yes

No

Subject to approval

Any restricted payment methods or unacceptable procedures:

11. Mandate, Agent, Broker & Intermediary Disclosure

Because many business opportunities are introduced through mandates, agents, brokers, consultants, or other intermediaries, full transparency is required for each individual case.

Was this opportunity introduced by an intermediary?

Yes

No

If yes, please complete the table below.

Intermediary / Mandate Entry 1	
Name / Company: <input type="text"/>	Role: <input type="checkbox"/> Seller Side <input type="checkbox"/> Buyer Side <input type="checkbox"/> Neutral Introducer
Represents: <input type="text"/>	Authorization Status: <input type="checkbox"/> Mandate <input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Consultant <input type="checkbox"/> Other
Email Address: <input type="text"/>	Phone / WhatsApp Number: <input type="text"/>
Commission Expectation:	<input type="text"/>

Intermediary / Mandate Entry 2	
Name / Company: <input type="text"/>	Role: <input type="checkbox"/> Seller Side <input type="checkbox"/> Buyer Side <input type="checkbox"/> Neutral Introducer
Represents: <input type="text"/>	Authorization Status: <input type="checkbox"/> Mandate <input type="checkbox"/> Agent <input type="checkbox"/> Broker <input type="checkbox"/> Consultant <input type="checkbox"/> Other
Email Address: <input type="text"/>	Phone / WhatsApp Number: <input type="text"/>
Commission Expectation: <input type="text"/>	

Is there a written mandate, authorization letter, commission agreement, or representation agreement?

Yes No

If yes, please attach the relevant document.

Please explain the full introduction chain, if more than one intermediary is involved:

Mandate / Intermediary Declaration:

The applicant declares that all mandates, agents, consultants, brokers, introducers, and intermediaries involved in this opportunity have been fully disclosed to SECKIN INTERNATIONAL TRADE & CONSULTING. The applicant further declares that any person or entity claiming authority to act on behalf of the buyer, seller, manufacturer, supplier, investor, or other principal party must provide valid written authorization upon request. SECKIN may decline, suspend, or terminate onboarding or transaction support if the mandate structure, authority, or intermediary chain is unclear, misleading, incomplete, or not properly documented.

12. Commercial Objective & Target Outcome

What do you want SECKIN to assist with?

- | | |
|---|--|
| <input type="checkbox"/> Find buyers | <input type="checkbox"/> Find suppliers |
| <input type="checkbox"/> Find manufacturers | <input type="checkbox"/> Find investors |
| <input type="checkbox"/> Find distributors | <input type="checkbox"/> Market entry support |
| <input type="checkbox"/> Commercial negotiation support | <input type="checkbox"/> Transaction structuring |
| <input type="checkbox"/> Project development | <input type="checkbox"/> Documentation support |
| <input type="checkbox"/> Other: <input type="text"/> | |

Target Countries / Regions:

Urgency Level:

- | | |
|--|--|
| <input type="checkbox"/> Immediate | <input type="checkbox"/> Within 30 days |
| <input type="checkbox"/> Within 3 months | <input type="checkbox"/> Long-term development |
| <input type="checkbox"/> Other: <input type="text"/> | |

Expected Transaction Size / Business Volume:

Main Commercial Challenges:

What would be a successful outcome for you?

13. Compliance, Reputation & Risk Information

Has the company, its directors, shareholders, or authorized representatives ever been subject to sanctions, trade restrictions, criminal investigation, bankruptcy, insolvency, or regulatory penalties?

Yes No

If yes, please explain:

Are any shareholders, directors, managers, or authorized representatives politically exposed persons?

Yes No

If yes, please provide details:

Does the company trade with sanctioned countries, restricted entities, or high-risk jurisdictions?

Yes No

If yes, please explain:

Does the company maintain internal compliance, AML, anti-bribery, or anti-corruption policies?

Yes No In progress

Please describe any compliance procedures relevant to this transaction:

14. Required Documents Checklist

Please provide copies of the following documents where applicable.

Corporate Documents

- | | |
|--|--|
| <input type="checkbox"/> Certificate of Incorporation / Company Registration Certificate | <input type="checkbox"/> Trade Registry Extract |
| <input type="checkbox"/> Tax Registration Certificate | <input type="checkbox"/> VAT Certificate, if applicable |
| <input type="checkbox"/> Articles of Association / Company Statute | <input type="checkbox"/> Shareholder List / UBO Declaration |
| <input type="checkbox"/> Board Resolution / Signatory Authority Document | <input type="checkbox"/> Passport or ID Copy of Authorized Signatory |
| <input type="checkbox"/> Proof of Address of Company | <input type="checkbox"/> Company Profile / Brochure |

Product / Transaction Documents

- | | |
|--|---|
| <input type="checkbox"/> Product Specification Sheet | <input type="checkbox"/> Product Photos |
| <input type="checkbox"/> Packaging Photos | <input type="checkbox"/> Certificates / Licenses |
| <input type="checkbox"/> Previous Export Documents, if available | <input type="checkbox"/> Proof of Product / Proof of Stock, if applicable |
| <input type="checkbox"/> Proforma Invoice, if available | <input type="checkbox"/> Price List / Soft Offer / FCO, if available |
| <input type="checkbox"/> Inspection Reports, if available | <input type="checkbox"/> Insurance Documents, if applicable |

Mandate / Intermediary Documents

- | | |
|---|---|
| <input type="checkbox"/> Mandate Letter | <input type="checkbox"/> Authorization Letter |
| <input type="checkbox"/> Commission Agreement | <input type="checkbox"/> NCNDA / IMFPA, if applicable |
| <input type="checkbox"/> Intermediary Chain Declaration | <input type="checkbox"/> Contact Details of All Introducers |

15. SECKIN Internal Evaluation Section

This section is for internal use by SECKIN INTERNATIONAL TRADE & CONSULTING.

Case Reference Number:

Date Received:

Received From:

SECKIN Responsible Person:

Applicant Type:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Buyer | <input type="checkbox"/> Seller |
| <input type="checkbox"/> Supplier | <input type="checkbox"/> Manufacturer |
| <input type="checkbox"/> Mandate | <input type="checkbox"/> Intermediary |
| <input type="checkbox"/> Investor | <input type="checkbox"/> Other: <input type="text"/> |

Commercial Opportunity Summary:

Product / Sector:

Target Market / Requirement:

Initial Reliability Assessment:

- | | |
|-------------------------------|--|
| <input type="checkbox"/> Low | <input type="checkbox"/> Medium |
| <input type="checkbox"/> High | <input type="checkbox"/> Requires further verification |

Document Completeness:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Incomplete | <input type="checkbox"/> Partially complete |
| <input type="checkbox"/> Complete | <input type="checkbox"/> Requires legal/compliance review |

Mandate / Intermediary Clarity:

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Clear | <input type="checkbox"/> Partially clear |
| <input type="checkbox"/> Unclear | <input type="checkbox"/> High risk |

Commercial Matching Potential:

- | | |
|-------------------------------|--|
| <input type="checkbox"/> Low | <input type="checkbox"/> Medium |
| <input type="checkbox"/> High | <input type="checkbox"/> Strategic opportunity |

Red Flags / Concerns:

Recommended Next Step:

- | | |
|---|---|
| <input type="checkbox"/> Request missing documents | <input type="checkbox"/> Verify mandate / authority |
| <input type="checkbox"/> Arrange introductory meeting | <input type="checkbox"/> Prepare NDA |
| <input type="checkbox"/> Prepare commercial offer / request | <input type="checkbox"/> Match with potential buyer |
| <input type="checkbox"/> Match with potential supplier | <input type="checkbox"/> Conduct legal review |
| <input type="checkbox"/> Conduct compliance review | <input type="checkbox"/> Decline opportunity |
| <input type="checkbox"/> Other: <input type="text"/> | |

Internal Notes:

16. Declaration by Applicant

The applicant confirms that the information provided in this questionnaire is true, accurate, complete, and not misleading to the best of its knowledge. The applicant agrees to promptly inform SECKIN INTERNATIONAL TRADE & CONSULTING if any information changes after submission.

The applicant understands that submission of this questionnaire does not create any binding obligation on SECKIN INTERNATIONAL TRADE & CONSULTING to accept the applicant, introduce counterparties, provide services, or proceed with any transaction. Any commercial engagement, representation, commission arrangement, confidentiality obligation, or transaction support shall be subject to separate written agreement where required.

The applicant further confirms that it has disclosed all known mandates, intermediaries, brokers, consultants, introducers, and representatives involved in the relevant business opportunity.

Company Name:

Authorized Representative Name:

Title:

Signature:

Date:

Company Stamp, if applicable:

17. Optional Notes / Additional Information

Please provide any additional information that may help SECKIN understand your company, product, requirement, target, or transaction structure.

Response: