TRA V2 OTC KYC / AML Form

For individual OTC applicants. Corporate or high-risk applicants may be asked for additional documents.

Document Version	v1.0
Date	2026-07-08
Project	True Riches Alliance / TRA V2
TRA V2 Mainnet Contract	0x1B2d54f43303020F8D06F4C051C2d173740365F0
Purpose	OTC customer identity, AML and risk review

Important Notice

- This form is used only for TRA V2 OTC identity verification, AML screening and risk review.
- Submitting this form does not guarantee OTC allocation, order approval or token distribution.
- TRA V2 is not a stablecoin, deposit, guaranteed-return product or redemption claim.
- The TRA V2 team may request additional information or reject an application where required by risk or compliance review.

A. Applicant Information

Applicant Type	☐ Individual ☐ Company / Institution ☐ Representative / Agent
Full Legal Name	
Nationality / Region	
Date of Birth	
ID / Passport Number	
Residential Address	
Mobile / Telegram / WhatsApp	
Email	
Occupation / Company	

B. OTC Subscription and Wallet Information

Expected Subscription Amount (USDT)	
Expected TRA Amount	
Receiving Wallet for TRA (BNB Chain / BEP20)	
Payment Wallet Address	
Payment Asset	☐ USDT ☐ USDC ☐ Other:
Payment Network	☐ TRC20 / TRON ☐ ERC20 / EVM ☐ BNB Chain / BEP20 ☐ Other:
Payment Tx Hash (if already paid)	
Wallet Binding Confirmation	☐ I agree that the above wallet will be used for OTC delivery and holding monitoring.

C. Source of Funds

Please select the main source(s) of funds. Additional evidence may be requested if needed.

☐ Salary / employment income	☐ Business income
☐ Investment income	☐ Sale of assets
☐ Crypto asset trading income	☐ Mining / real-world business income
☐ Inheritance / gift	☐ Other lawful source: _____

D. AML / PEP / Sanctions Declarations

☐ I am not a sanctioned person and I do not represent a sanctioned entity.

☐ I am not a Politically Exposed Person (PEP). If I am a PEP, I have disclosed this to the TRA V2 team.

☐ The funds used for this OTC transaction do not come from illegal activity, fraud, money laundering, terrorist financing or restricted sources.

☐ I am subscribing for myself and not for an undisclosed third party or hidden beneficiary.

☐ The identity, wallet and transaction information I provide is true, complete and accurate.

☐ I agree that the TRA V2 team may conduct KYC/AML checks and request additional information.

E. Risk Acknowledgement

☐ I understand that crypto assets may fluctuate significantly in value and may result in substantial losses.

☐ I understand that TRA V2 is not a stablecoin and does not represent fixed yield, principal protection, guaranteed buyback or guaranteed appreciation.

☐ I understand that an OTC discount is not an investment return promise.

☐ I understand that OTC participation may be subject to a 24-month member holding commitment, and failure to maintain the required holding may affect membership status, discount benefits or future reward eligibility.

☐ I understand that TRA V2 Phase 1 does not provide early-stage rewards; Power Credit / Gold Dynamic Power is a Phase 2 mechanism and creates no rights before official launch.

☐ I understand that blockchain transfers are normally irreversible, and losses caused by incorrect address, wrong network or fraud may not be recoverable.

☐ I agree to assess legal, tax and regulatory risks independently and seek professional advice where necessary.

F. Required Documents

☐ ID card or passport copy	☐ Proof of address within 3 months
☐ Source of funds evidence, if requested	☐ Payment wallet ownership proof, if requested
☐ Company registration documents, if applicable	☐ Authorization / board approval, if applicable

G. Applicant Signature

Applicant Confirmation

- I have read and understood this form and the risk acknowledgements.
- All information provided is true, complete and accurate.
- I agree that false, incomplete or unverifiable information may result in rejection, suspension or cancellation of OTC processing.

Applicant Name / Company Name	
Signer Name and Title (if company)	
Signature	
Date	

H. Internal KYC / AML Review - TRA V2 Team Only

Application No.	
Handler / Reviewer	
KYC Documents Complete	☐ Yes ☐ No
Identity Verification	☐ Pass ☐ Supplement Required ☐ Reject
Sanctions Screening	☐ No Hit ☐ Hit / Further Review
PEP Screening	☐ No ☐ Yes / Enhanced Review
Wallet Risk Review	☐ Low ☐ Medium ☐ High
Customer Risk Rating	☐ Low ☐ Medium ☐ High ☐ Not Accepted
Approved for OTC Order Confirmation	☐ Approved ☐ More Information Required ☐ Rejected
Review Notes	
Compliance / Reviewer	
Approver	
Approval Date	

Note: This form does not replace legal, regulatory or tax advice. Review requirements should be adjusted according to applicable jurisdictions, customer risk and transaction amount.