

# Enhanced Customer Due Diligence Form



Date: \_\_\_\_\_

Account Name:			
<b>Client Profile:</b> New Customer <input type="checkbox"/> Existing Customer. <input type="checkbox"/> If yes, RIM Number:			
<b>Customer Resident Status:</b>	Resident <input type="checkbox"/>	Non-Resident <input type="checkbox"/>	
Visa Type:	<input type="checkbox"/> Investor	<input type="checkbox"/> Golden Visa	<input type="checkbox"/> Others (specify below)
	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed	
Nationality:	Dual Nationality (ies):		
Country of Birth:	Date of Birth:		
Is the customer a politically exposed person (PEP) or a close associate/ family member of a PEP?	Yes <input type="checkbox"/>	No <input type="checkbox"/> *If Yes, please complete the section otherwise skip it.	
PEP Category (please tick as applicable)	<input type="checkbox"/> An individual entrusted with a prominent public function <input type="checkbox"/> A direct family member to the PEP (who are spouses, siblings, children, spouses of children, parents) <input type="checkbox"/> Member of the ruling family <input type="checkbox"/> A known close associate with a material connection to the PEP		
Name of Primary PEP			
Type of Primary PEP	Local / Domestic PEP <input type="checkbox"/>	GCC PEP <input type="checkbox"/>	Foreign PEP <input type="checkbox"/>
Nationality of Primary PEP		Associated country of primary PEP	
Prominent Public Function Name Of Primary Pep			
Does the customer have foreign sources of funding? (if yes, specify the estimated value of inflow received from foreign jurisdictions)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the customer intend to receive any transfer from High-risk countries? (if yes, specify the country)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Occupation Details</b>			
<input type="checkbox"/> Salaried	Company Name : _____		
	Designation : _____		
<input type="checkbox"/> Self Employed	Name of Business: _____		
	Shareholding (%): _____		
	Type of Business: _____		
<input type="checkbox"/> Retired	Past Occupation: _____		
<input type="checkbox"/> Others	Please specify _____		
<b>Source of Income (Amount in AED)</b>			
Monthly Income			
Total Monthly Salary (AED)			
Allowances			
Approximately Monthly Commission			
Yearly Income from Investments			

# Enhanced Customer Due Diligence Form



Inheritance Amount	
Expected Annual Bonus or Dividend	
Monthly Rental Income	
Others	
Expected monthly credit turnover (in AED)	
Net Worth in Assets	
Net Worth in Cash	

## Countries that you will receive or sending funds to

1. The account will be used only to execute payments within the UAE <input type="checkbox"/>
2. The account will be used to receive funds from abroad <input type="checkbox"/>
3. The account will be used to receive and sending funds abroad <input type="checkbox"/>

## If 2 or 3 is applicable, please provide below the name of related countries:

1.	2.	3.	4.
5.	6.	7.	8.

## Monthly Transaction Details (in AED or approximate % of expected monthly turnover)

Type of Transaction	Credit (Amount)	Debit (Amount)
Cash:		
Local Cheques :		
Local Remittances:		
Foreign Remittances:		

## Other Bank Details

Bank name where salary is credited:
Reason for Closing Account in the Other Bank (if applicable):
Purpose of relationship with Al Masraf:
<input type="checkbox"/> Salary Transfer <input type="checkbox"/> Loan (auto, personal, home with salary transfer)
<input type="checkbox"/> Loan (auto, personal, home) with DDS <input type="checkbox"/> Credit card
<input type="checkbox"/> Savings <input type="checkbox"/> Fixed deposit
<input type="checkbox"/> Locker facility <input type="checkbox"/> Investment purpose
<input type="checkbox"/> Others

## Customers Introduced by:

<input type="checkbox"/> Relationship Manager (RM)	RM Name:
<input type="checkbox"/> Existing Al Masraf Customer	Relationship Details:
<input type="checkbox"/> Other Al Masraf Customer	Customer Name:
<input type="checkbox"/> Reference Letter from Other Banks	Bank Name:
<input type="checkbox"/> Walk In	

## Documents To Be Submitted :

Valid Emirates ID copy <input type="checkbox"/>	Passport and Visa copy page (for expats) <input type="checkbox"/>
CRS Self certification form <input type="checkbox"/>	FATCA form <input type="checkbox"/>

## For Bank Use Only (Internal Use)

RM to complete
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# Enhanced Customer Due Diligence Form



If Salaried, please obtain Salary Certificate copy		
If the type of visa is Investor or Golden Visa, obtain proof of Residency in UAE – Utility Bill or Tenancy Contract		
<input type="checkbox"/> Client Central Bank Screening		
<input type="checkbox"/> Client World Check Screening		
<input type="checkbox"/> I Confirm that the details provided above are accurate		
<input type="checkbox"/> If the type of visa is Investor or Golden Visa (Obtain proof of Residency in UAE) – Utility bill		
Did you conduct the required due diligence on the customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you conduct any background screening on the customer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide the results</i>		
RM Name:		
Signature:		
Date:		
<b>Name of the approver (Line Manager):</b>		
Signature:		
Date:		