

Know your Customer (KYC) Information



Date: _____

| Customer Information | | | |
|--|--|--|---|
| Account Name: _____ | | | |
| Client Profile: <input type="checkbox"/> New Customer <input type="checkbox"/> Existing customer, RIM Number _____ | | | |
| Customer Resident Status: | | 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 | |
| Customer Income | | | |
| <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 _____ | | |
| Source of Income (Amount in AED) | | | |
| Monthly Income: _____ | | | |
| Allowances (AED): _____ | | | |
| Approximately Monthly Commission: _____ | | | |
| Total Monthly Salary (in AED): _____ | | | |
| Yearly Income from Investments: _____ | | | |
| Inheritance Amount: _____ | | | |
| Expected Annual Bonus or Dividend: _____ | | | |
| Monthly Rental Income: _____ | | | |
| Other Income (AED): _____ | | | |
| Expected monthly credit turnover (in AED): _____ | | | |
| Net Worth in Assets (AED): _____ | | | |
| Net Worth in Cash (AED): _____ | | | |
| 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): _____ | | | |

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| Reason for Choosing Al Masraf: | |
| Purpose of opening an Account 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 _____ | |
| FATCA Self-Declaration | |
| UAE Central bank requires every bank account holder to declare if they are USA residents/ tax payers as per Foreign Account Tax Compliance Act (FATCA) requirements. Choose one of the following: | |
| 1. Are you a U.S. citizen, or permanent residence (i.e. green card holder)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Are you born in United States? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have U.S telephone number? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have U.S. residence address or correspondence address? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have standing instruction to transfer funds to an account maintained in U.S.? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. A power of attorney or signatory authority granted to a person with a U.S. address? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. An 'in care of' address or 'hold mail' address in the U.S. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If any of the above is selected as 'Yes', please complete the W9-form | |
| CRS Self Declaration | |
| Please tick any one as applicable to you: | |
| <input type="checkbox"/> I am living in and also a 'Tax Resident' of United Arab Emirates. | |
| <input type="checkbox"/> I am not a 'Tax Resident' of United Arab Emirates. Please fill in the CRS form. | |
| <input type="checkbox"/> I am a Non-resident customer. Please fill in the CRS form. | |
| Address - Residence: | |
| House/Flat No. : | |
| Building Name/Makani No. : | |
| Street Name/No. : | |
| Nearest Landmark: | |
| City/Emirate: | |
| Country: | |
| P.O Box : | |
| Land phone No. | |
| Address - Office | |
| Office No. | |
| Building Name/Makani No. : | |
| Street Name/No. : | |
| Nearest Landmark: | |
| City/Emirate: | |
| Country: | |
| P.O Box : | |
| Landphone No. | |
| Address – Home Country | |
| House/Flat No. : | |
| Building Name : | |
| Street Name/No. : | |

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| Nearest Landmark: |
| City: |
| Country: |
| Plot No : |
| P.O Box : |
| Land phone No. |
| Customer 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 bank |
| Bank Name: |
| <input type="checkbox"/> Walk-in |
| Documents to be submitted |
| Valid Emirates ID copy (both front and back) <input type="checkbox"/> |
| Passport page and UAE visa page for expatriates <input type="checkbox"/> |
| Duly filled and signed CRS self-declaration and self-certification form if Tax resident outside United Arab Emirates <input type="checkbox"/> |
| Duly filled and signed FATCA form (Note: Duly filled and signed W9 form required If the customer is USA citizen or USA tax payer) <input type="checkbox"/> |
| Customer Signature |
| Name of Signatory: _____ Date: _____ |
| Signature: _____ |
| Capacity of Signatory: <input type="checkbox"/> Self <input type="checkbox"/> POA <input type="checkbox"/> Other (please specify) _____ |
| For Internal Bank Use Only |
| RM Name: _____ Date: _____ |
| Signature: _____ |
| Name of the Approver (Line Manager): _____ Date: _____ |
| Signature: _____ |