

### Know Your Customer Application Form (Corporate)

Customer's Branch:.....

Serving Branch:.....

Customer's Number:.....

Date: / /

• **Company's Details:**

Company's Name in English:			
Company's Name in Arabic:			
Legal Form :	<input type="checkbox"/> Public Shareholding Company <input type="checkbox"/> Private Shareholding Company <input type="checkbox"/> Joint Liability Company <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Others:.....		
Tax Number:		Registration Number:	
Date of Registration:		Country of Registration:	
Nationality:		Company's National Number	
Commercial Name			
Certificate of incorporation No.		Date of Certificate of incorporation:	
Residency Indicator:	<input type="checkbox"/> Local Company <input type="checkbox"/> Foreign Operating Company <input type="checkbox"/> Foreign non- Operating Company		
Country of Residence:		The Company's Capital	
Number of Employees:		Total Assets/ Owner Equity:	
Amount of Annual Revenue		Amount of Annual Profit	

• **Company/ Single Establishment Address and Contact Details**

Office Number :		Building Number:	
Street Name:		Nearest Land Mark:	
District:		City:	
Country:		Landline Number:	
Mobile Number:		Fax:	
P.O Box:		Postal Code:	
Email:		Web Site:	

• **Nature of Business and Publicity**

Company's Activities :	

**Company/Institution's Branches:**


**Subsidiaries, Affiliates and Sister Companies:**


**Names of Companies you deal with:**


• **Board of Director's Members:**

Name ( Four Parts)	Job Position/Title	Customer's Number	PEP's	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

• **List of Shareholders/Partners who own (greater than or equal to 10%) from the Company's Capital:**

Name(4 Parts)	Nationality	Percentage of Ownership	Customer Number	US Citizen?	Green Card Holder?	US Resident	PEP's
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

• **Company's General Director:**

Name (Four Parts)	Customer's Number	Political Person (PEP's)
		<input type="checkbox"/> Yes <input type="checkbox"/> No

• **Authorized Signatories Details:**

Name (Four Parts)	Nationality	National/ Passport No.	Date of Birth	Mother's Name	Job Position/Title	Customer Number	PEP's
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

• **Authorized Signatories Permanent Address:**

<b>Name</b>			
<b>Building Number:</b>		<b>Street Name:</b>	
<b>Nearest Land Mark:</b>		<b>District:</b>	
<b>City:</b>		<b>Country:</b>	
<b>Landline Number:</b>		<b>Mobile Number:</b>	
<b>P.O Box:</b>		<b>Postal Code:</b>	
<b>Fax:</b>		<b>Email</b>	

<b>Name</b>			
<b>Building Number:</b>		<b>Street Name:</b>	
<b>Nearest Land Mark:</b>		<b>District:</b>	
<b>City:</b>		<b>Country:</b>	
<b>Landline Number:</b>		<b>Mobile Number:</b>	
<b>P.O Box:</b>		<b>Postal Code:</b>	
<b>Fax:</b>		<b>Email</b>	

Name			
Building Number:		Street Name:	
Nearest Land Mark:		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email	

Name			
Building Number:		Street Name:	
Nearest Land Mark:		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email	

Name			
Building Number:		Street Name:	
Nearest Land Mark:		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email	

• Power of Attorney Details:

Type of Attorney:	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Others:.....
Issuance Date:		Expiry Date:	
The reason for having a power of attorney to manage the account?			

Attorney's Name	Nationality	National/Passport no.	Date of Birth	Mother's Name	Job Position/Title	Customer's Number	PEP's
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

• Attorney's Permanent Address:

Name:			
Building Number:		Street Name:	
Nearest Land Mark:		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email:	

Name:			
Building Number:		Street Name:	
Nearest Land Mark:		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email:	

• Relationship with JKB:

Purpose of Relationship		The Beneficial Owner	
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Does your Company have any relative account's held at JKB?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Nationality	Account Number	Branch

Do You Have Any activity in Remittances			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purpose of Dealing with Remittances				
Recipient Countries (To which remittances are sent)	Name of the beneficiaries	The beneficiary's nature of business	Amount of money expected to be sent	
Countries from which remittances are received	Name of senders	The sender's nature of business	Amount of money expected to be received	

• Expected Amounts of Transactions:

Credit Transactions		Debit Transactions	
Amount	Number of transactions	Amount	Number of Transactions

• Relationships with Other Banks:

Bank's Name	Type of Relationship
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques

• Social Media Details:

Facebook Username:		Twitter Username:	
Facebook Email:		Twitter Email:	
Instagram Username:		Linked In Username:	
Instagram Email:		Linked In Email:	

- I hereby declare that the information given herein are true, correct and complete. I furthermore undertake to promptly inform JKB of any changes to the information provided hereinabove.
- I hereby declare that i`am the only beneficial owner who has access to my account, and I agree to declare the name of any beneficial owner for any future transaction through my account(s).

Date: .....

Name

Name

Name

Name

Name

Signature

Signature

Signature

Signature

Signature

**For Bank Use Only**

That the customer completed the form fully and duly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the authorized employee reviewed the form verifying the information?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the customer fall under (PEP`s)* definition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you obtained approval from the general manager to establish relationship with politically exposed person (PEP`s)*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you verified the customer`s signature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Reviewed By:**

**Approved By:**

**Name:** .....

**Name:** .....

**Signature:**

**Signature:**

**Politically Exposed Persons (PEP`s):**

Persons occupying or have occupied a high public office in a foreign country such as a head of state or government, a judge, a military person, or was a prominent statesman or member of political party or senior executive of state owner corporation. This includes, at minimum, first degree family members or their partners.