



### Know Your Customer Application Form (Individuals)

Customer's Branch: ..... Serving Branch: .....

Account Number: ..... Date: / /

#### • Customer Identity Details

Name in English:			
Name in Arabic:			
Date and Place of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality(1):		Nationality(2):	
ID Card Type:		National Number:	
ID Card Number:		Expiry Date:	
Social Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other:.....
Spouse Name:			
Number of Children :		Mother's Name:	

#### • Standards of Living and Education

Accommodation Details:	<input type="checkbox"/> Apartment	<input type="checkbox"/> Villa	<input type="checkbox"/> Semi Villa	<input type="checkbox"/> Other:.....
Accommodation Status:	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Other:.....	
Assets Owned:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other:.....
Lands Owned:	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural
Vehicles Owned:	Type/Model:		Year of Production:	
Educational Level:	<input type="checkbox"/> PHD	<input type="checkbox"/> Master	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Higher Diploma
	<input type="checkbox"/> Secondary School	<input type="checkbox"/> Others:.....		

#### • Job/Business Details

Job/Business Type:	<input type="checkbox"/> Private	<input type="checkbox"/> Governmental	<input type="checkbox"/> Others:.....
Profession:			
Job Description:			
• If You Are An Employee		• If You Have Your own Business	
Name of Employer / Company:		Name as mentioned in the Registration Certificate:	
Job Position/Title:		Number of employees:	
Monthly Salary (JOD):		Monthly income (JOD):	
Additional Work:			

• **Current Residential Address:**

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

• **Current Non-Residential Address:**

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

• **Current Work Address:**

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

• **Economic and Social Activities**

<b>Sharing in Companies or Institutions</b>	<b>Membership in the Board of Directors in Companies or Institutions</b>
<b>Participating in other companies or institutions managements</b>	<b>Membership in Clubs and Charity Organizations</b>

• Relationship with JKB

Purpose of Relationship		The Beneficial Owner	
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Do you or your spouse or any of your children or any relevant parties to you hold an account at the bank?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Nationality	Account Number	Branch	

Are any of your accounts managed through a power of attorney?			<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Type of Power of Attorney	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Others: .....				
Issuing Date:		EXP Date:					
Reason of power of attorney							
Name of attorney (4 Parts)	Nationality	National/ Passport No.	Date of Birth	Mother Name	Business/ Job position	Customer No.	PEP's
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Name:							
Building No.:		Street Name					
Nearest Land Mark :		District :					
City:		Country:					
Landline No.:		Mobile Number:					
P.O Box:		Postal Code:					
Fax:		Email:					

Name:							
Building No.:		Street Name					
Nearest Land Mark :		District :					
City:		Country:					
Landline No.:		Mobile Number:					
P.O Box:		Postal Code:					
Fax:		Email:					

Do you manage any JKB accounts pursuant to power of attorney?			<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			
	Deposits	Facilities	Cards	Others

• **FATCA:**

Do you hold a U.S citizenship?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place of Birth		U.S Tax Number (TIN)	
Were you born in the States of America, but you do not hold a U.S citizenship?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, kindly clarify:			
Do you hold a Green Card?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever lived in the United States of America?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
For how long:			
Are any of your accounts managed through a power of attorney whereby its holder has an address in the US?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name		Nationality	
Address			
Have you ever given instructions to the Bank or made any standing orders to transfer money to person(s) or corporation(s) in the US?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you receive money transfers through your account(s) coming from person(s)/ corporation(s) in the US?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you own (greater than or equal to 10%) of the shares of any company(s) that deals with JKB?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the Company		Account Number	
Name of the Company		Account Number	

• **PEP's Customer's Category:**

Did you or any of your relatives work in any political positions, or were you a member in any political party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If your answer is yes, kindly clarify:		

• **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).

Name:

Date:

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:**

Name: .....

Signature:

**Approved By:**

Name: .....

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.