

# KNOW YOUR CUSTOMER ( KYC )

## Entities

New KYC  KYC Update Date: .....

**Filled Through:**  Branch  Tijari Online  Mobile Banking  Contact Center  Other: .....

**Does the entity have existing accounts at CBK?**  Yes  No

### Entity Information

Entity Name in English	
	اسم الكيان باللغة العربية

**Kuwait Residency:**  Resident  Non-Resident Country of Residence: .....

Foundation Date: ..... Foundation Place: .....

Article of Association's Last Amendment Date: .....

Nature of Activity: ..... Entity's Regulatory Body: .....

#### Entity Legal Form:

Shareholding Company  Limited Liability Company  Establishment

Partnership Company  Vocation  Financial Institutions

One Person Company  Government  Embassies & Diplomatic Bodies

Co-op & Clubs  Charity Institution  Exchange Company

Insurance Company  Investment Company  Other: .....

Commercial Reg. No.: ..... Entity Civil ID No.: .....

License No.: ..... License Expiry Date: .....

### For Entities Listed in Stock Markets

**Is the entity listed in any Stock Exchange?**  Yes  No (Please go to the next section)

Specify the Market Name: ..... Stock Market Symbol: .....

Trading Number: .....

### Address & Contact Details

#### A) Address & Contact Details (In Kuwait)

Area: ..... Governorate: ..... Block: ..... Street: .....

Avenue: ..... Building: ..... Floor: ..... Office No: .....

Name of Contact Person: .....

Mobile No.: ..... Tel. No.: ..... Fax No.: .....

Email: ..... Company Website: .....

#### B) Address & Contact Details (Overseas)

**Does the Entity have an overseas address?**  Yes  No (Please go to the next section)

Country: ..... State/Zip: ..... City: .....

Address: .....

Overseas Mobile No.: ..... Overseas Tel No.: .....

### C ) Post Office Address

P.O. Box No. .... Post Office ..... Zip Code ..... Country .....

### Preferred Mailing Address

Please select your preferred mailing address, from the provided addresses

( A ) Kuwait Address  ( B ) Overseas Address  ( C ) P.O. Box

### General Financial Information

Registered Capital: ..... Working Capital: .....  
 Total Number of Staff: ..... Monthly Avg. of Paid Salaries: .....

### Banking With CBK Information

New KYC ONLY

#### Initial Deposit Information (New KYC ONLY):

**First Deposit Type:**  Cash  Cheque  Transfer  Other: .....  
 Amount: ..... Origin of Funds: .....

#### Purpose of Banking with CBK (tick all that applies):

Saving  Issue Chequebook  Obtain POS Machines  Transferring Staff Salaries  
 Issue LGs/LCs  Getting Credit Facilities  Paying Dividends  Other .....

#### Mention the Sources of Funds

#### Expected Transactions

<p><b>Expected Number &amp; Amount of Credits</b></p> <p>Expected Number of Monthly Credit Transactions: .....</p> <p>Expected Number of Annual Credit Transactions: .....</p> <p>Expected Amount of Monthly Credit Transactions: .....</p> <p>Expected Amount of Annual Credit Transactions: .....</p>	<p><b>Expected Credit Sources</b></p> <p><input type="checkbox"/> Cash Deposits <input type="checkbox"/> ATM Deposits</p> <p><input type="checkbox"/> Inward Local Transfers <input type="checkbox"/> Inward International Transfers</p> <p><input type="checkbox"/> Deposit Cheques <input type="checkbox"/> P.O.S Transactions</p> <p><input type="checkbox"/> Other Credits (Specify): .....</p>
<p><b>Expected Number &amp; Amount of Debits</b></p> <p>Expected Number of Monthly Debit Transactions: .....</p> <p>Expected Number of Annual Debit Transactions: .....</p> <p>Expected Amount of Monthly Debit Transactions: .....</p> <p>Expected Amount of Annual Debit Transactions: .....</p>	<p><b>Expected Debit Sources</b></p> <p><input type="checkbox"/> Cash Withdrawals <input type="checkbox"/> ATM Withdrawals</p> <p><input type="checkbox"/> Outward Local Transfers <input type="checkbox"/> Outward International Transfers</p> <p><input type="checkbox"/> Issue Cheques <input type="checkbox"/> Paying Salaries</p> <p><input type="checkbox"/> Other Debits ( Specify ): .....</p>

### Other Known Bank Accounts

Do you have any bank accounts in other local / international banks?  Yes  No (Please go to the next section)

Bank Name	Country

### Entity Members / Associates

#### Definition of a Politically Exposed Person

The Politically Exposed Person is any individual or beneficial owner **who is or have been** entrusted with prominent public function in the State of Kuwait or a foreign country, for example Heads of State or of Government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political party officials.

It is also any individual **who is or have been** entrusted with prominent function by an international organization referring to members of senior management, i.e. directors, deputy directors and members of the board.

The Politically Exposed Person also includes family members up to the second degree and close associates.

Entity Authorized Signature: .....

**List of Shareholders Owning Over 10%**

Name	Nationality	CID /CR no	Birth Place	D.O.B.	Country of Residence	Ownership %	Position	PEP (Y/N)	Phone	TIN /GIIN	CBK Customer

Is any of the shareholders listed in the above table, an Entity?  Yes  No

**List of Shareholders Owning Over 10% of that Entity**

Name	Nationality	CID no	Birth Place	D.O.B.	Country of Residence	Ownership %	Position	PEP (Y/N)	Phone	TIN	CBK Customer

**List of Board Members / Executive Managers**

Name	Nationality	CID no	Birth Place	D.O.B.	Country of Residence	Position	PEP (Y/N)	Phone	TIN	CBK Customer

All Individuals mentioned in the above 3 tables who are considered as PEP must fill a separate KYC Form

Entity Authorized Signature: .....

**List of Authorized Signatories**

Name	Nationality	CID no	Birth Place	D.O.B.	Country of Residence	Position	PEP (Y/N)	Phone	TIN	CBK Customer

All the listed authorized signatories must fill a separate KYC Form

Does the Entity have any Subsidiaries and/or Affiliates?  Yes  No

**List of Subsidiaries and/or Affiliates**

Name	Nationality	CR no	Subsidiary / Affiliate	Address	Country	Activity	GIIN

If the customer is a subsidiary/affiliate, please specify the parent company: .....

Entity Authorized Signature: .....

## Customer Declaration

- I/We hereby acknowledge the accuracy of all data and information provided. I/We also admit that I/We have read and understood the terms, conditions and rules for opening accounts, deposits and services. I/We also approve the application of these terms and conditions on my/our company/establishment's account number and all accounts under my/our company/establishment name, regardless of the type and currency of these accounts.
- I/We hereby acknowledge that the company/establishment is the sole beneficiary from all its accounts existing at present or to be opened in the future in my/our name with the bank and that they will not be utilized in any money laundering transactions. However, the bank may, if the contrary is established, take the necessary measures and procedures stipulated in anti-money laundering law number 106/2013 without any responsibility on the bank or the Bank's Employees. The bank may set aside any funds transferred to/from the company/establishment's account immediately on the rise of suspicion involving money laundering operations.
- I/We hereby declare that the above information is true and correct.
- We acknowledge that in case we become subject to the Foreign Account Tax Compliance Act (FATCA) and related amendments as prescribed by Commercial Bank, we expressly agree that the bank shall notify the US Internal Revenue Service (IRS) or any related Bodies of our accounts held with the bank including our jointly held accounts, the Bank as well may furnish IRS with all the required data, information, clarifications and documents on such accounts. Additionally the Bank may share all our banking transactions as well as respond to any queries the bank may receive from IRS and implement IRS's instructions in this regard as required without informing us beforehand or obtaining our approval on the details submitted by the bank to IRS or any related Bodies. This may include data, information, clarifications, documents or the procedures and action taken by the bank in this respect. We agree to sign all the required forms, papers and any other documents required by IRS or the bank.
- We also undertake to implement all procedures as may be required by IRS or the bank and adhere to do the same within the established time frame. In addition to this, we undertake to amend our information with any updates that may arise on the same. However and under any circumstances, we undertake to amend our information and data according to the time interval / period(s) specified by the Bank. We acknowledge that the Bank is not responsible for the information provided above. This acknowledgment is conclusive and irrevocable and may not be subject to any amendments.
- Furthermore, we acknowledge that we understand and conclusively and unconditionally approve to comply with the Central Bank of Kuwait's instructions related to closing all or any of the company's checking accounts held with the Bank in the event three or more cheques are returned in one year due to insufficient balance in the account. However, and in compliance with the Central Bank of Kuwait's instructions in this regard, we adhere to return the cheque books in our possession to the Bank once we receive a notification of the account closure from the Bank. Furthermore, we acknowledge our prior approval on any other action the Bank may take in this regard i.e. to get the name of the company included in the list of the customers whose accounts were closed due to returned cheques drawn by the company or by our authorized agent, due to insufficient balance in such account. We, hereby, authorize the Bank to act on our behalf and open another current non – checking account in the name of the company instead of the closed one. We also authorize the Bank to transfer to the new account intended to be open by the Bank on our behalf all our liabilities / obligations towards the Bank or third party and which may include cash and non-cash facilities previously granted to the company along with their related debit balance. All the above acts and actions can be effected by the Bank without the need of our signature on any forms or requests or other applicable contracts at the Bank, as our present signature on the content of this Item serves as conclusive approval on our part without any responsibility on the Bank's part for any of the above actions.

## Entity Authorized Signatories

Name: .....

Signature: .....

Name: .....

Signature: .....

Name: .....

Signature: .....

## For Bank Use Only

RR:  L  M  H

Segment: ..... Account Manager: .....

**The customer has signed in my presence after I reviewed the Original IDs and required documents.**

Maker Name:
Maker Signature:

Checker Name:
Checker Signature: