

CUSTOMER PROFILE FORM (KYC)



PRIVATE
BANKING

بيت التمويل الكويتي
Kuwait Finance House
البحرين ش.م.ب (م) (S.C.) Bahrain



I) CUSTOMER DETAILS

Full name				Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No
RIM No.	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	KYC Date	<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="text-align: right; font-size: 0.8em; margin-top: 2px;">dd / mm / yy</div>		
Tel:		Mobile:		Next of Kin:	
Email				Bank Statement by Email ³	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address (If different than Permanent):					
Purpose of account opening					
If non-resident, please state the reason for opening an account in Bahrain					
Source of fund*					
Politically Exposed Person (PEP)**	<input type="checkbox"/> Yes <input type="checkbox"/> No	Position held			
PEP relative	<input type="checkbox"/> Yes <input type="checkbox"/> No				
PEP name				Relationship with PEP	
PEP business	<input type="checkbox"/> Yes <input type="checkbox"/> No				
PEP name				PEP ownership	

II) EMPLOYMENT / BUSINESS DETAILS

- Please fill section A if you are employed then proceed to section III.
- Please fill section A and B if you are employed and you also have your own business then proceed to section III.
- Please fill section B if you are self employed or a Legal entity then proceed to section III.

A) EMPLOYED

Employer name _____	Joining Date <table border="1" style="display: inline-table; width: 150px; height: 30px; vertical-align: middle;"><div style="text-align: center; padding: 2px;">/ /</div></table>
Occupation _____	Designation _____
Sector type _____	
Monthly income _____	Other income _____
Employer address _____	

B) SELF EMPLOYED / LEGAL ENTITIES

Organization name _____	Legal form _____
Date of incorporation _____ <div style="border: 1px solid black; width: 400px; height: 30px; margin: 5px 0; position: relative;"> <div style="position: absolute; top: 5px; left: 100px;">/</div> <div style="position: absolute; top: 5px; left: 200px;">/</div> </div> <div style="text-align: right; font-size: 0.8em; margin-top: -10px;">dd / mm / yy</div>	Place of incorporation _____
Parent company name _____	Parent company location _____
Nature of activities and operation (Detailed) _____ _____	
Anticipated monthly income _____	
Regulatory body (if any) _____	Listing body (if listed) _____
Name of external auditor (if any) _____	
Please specify if - The entity has been or is in the process of being wound up, dissolved, struck off, or liquidated - The funds or part of the fund to be credited in the account is a pooled fund.	
<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
Please specify if the customer activity/business involves any of the following:	

- | | |
|--|---|
| <input type="checkbox"/> Hotels | <input type="checkbox"/> Brokers |
| <input type="checkbox"/> Jewelers (or dealers in precious stones, metal or high value movable items) | <input type="checkbox"/> Lawyers, Notaries, Accountants, Auditors |
| <input type="checkbox"/> Money changers/Remitters | <input type="checkbox"/> Cash Intensive Business |
| <input type="checkbox"/> Auctioneers | <input type="checkbox"/> Funds Manager |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Arms dealer |
| <input type="checkbox"/> Car dealer | |

B.1) SHAREHOLDERS HOLDING (Top 5)

Shareholder Name	ID Card / Passport / CR No.	Nationality	% of Shareholding

B.2) DIRECTORS

Director Name	ID Card / Passport No.	Nationality	Country of Residence

B.3) AUTHORISED SIGNATORIES

Signatory Name	ID Card / Passport No.	Nationality	Country of Residence

III) ANTICIPATED BANKING TRANSACTIONS

Cash deposit	<input type="checkbox"/> High	<input type="checkbox"/> Low
Cash withdrawal	<input type="checkbox"/> High	<input type="checkbox"/> Low
Cheque deposit	<input type="checkbox"/> High	<input type="checkbox"/> Low
Cheque withdrawal	<input type="checkbox"/> High	<input type="checkbox"/> Low
Internal transfer to KFHB customer's accounts	<input type="checkbox"/> High	<input type="checkbox"/> Low
Money transfers to other banks in Bahrain	<input type="checkbox"/> High	<input type="checkbox"/> Low
Inward international money transfers	<input type="checkbox"/> High	<input type="checkbox"/> Low
Trading & Investment	<input type="checkbox"/> High	<input type="checkbox"/> Low

Countries names _____

Outward international money transfers	<input type="checkbox"/> High	<input type="checkbox"/> Low
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Countries names _____

FATCA & CRS DECLARATION (INDIVIDUAL)

Please tick Yes or No to the following questions (as applicable):

Please answer ALL the below Questions	Yes	No	Requirements if the answer is 'Yes'	
Are you a US citizen?			W-9	
Are you a US tax resident (e.g. Green Card Holder)?			W-9	
Were you born in the US?			If you are a US citizen	W-9
			If you are not a US citizen	Certificate of Loss of Nationality of the United States + W-8BEN
Are you tax Resident in any Country/Jurisdiction other than Kingdom of Bahrain?*			please complete the following section	
For details on tax residency of a country please refer to OECD site http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency				

*If No,

You confirm that you are a tax resident in the Kingdom of Bahrain and do not have a TIN (Tax Identification Number).

*If Yes

Please complete the following table indicating:

- where the Account Holder is tax resident and.
- the Account Holder's TIN for each country/jurisdiction indicated.

If a TIN is unavailable please provide the appropriate reason **A**, **B** or **C** where indicated below:

Reason A The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain).

Reason C No TIN is required.

(Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

FATCA & CRS DECLARATION (INDIVIDUAL)

Country/Jurisdiction of tax residence		TIN	If no TIN available tick the Reason			Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
			A	B	C	
1						
2						
3						

I/We confirm the information provided above is true, accurate and complete.

I/We hereby consent for Kuwait Finance House (Bahrain) B.S.C.(c) or any of its holding companies, affiliates or subsidiaries (collectively “the Bank”) to share my information with domestic and overseas tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I/We agree and undertake to notify the Bank within 30 calendar days if there is any change in any information, which I have provided to the Bank and to promptly provide the Bank with true, accurate and updated information.

Signature(s)

Date _____

FATCA & CRS DECLARATION (ENTITY)

RIM:

Please refer to the FAQ document for definitions of the terms used below. For details on tax residency of a country please refer to OECD site <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> or contact your tax advisor.

Please tick "YES" or "NO" to the following questions (as applicable):

No	US Status evaluation criteria	YES	NO	If YES, submit
I	Is the entity a Financial Institution?			Form W-8BEN-E (or Form W-9 for US FIs)
II	Is the entity a US Entity?			Form W-9
III	Is the entity an investment entity located in a non-participating jurisdiction and managed by another Financial Institution?			Controlling Persons Form
IV	a) Is the entity an Active Non-Financial Entity (NFE)?			No documents required
	b) Are there any US persons owning 10% or more of the Active NFE?			Form W-8BEN-E
V	a) Is the entity a Passive Non-Financial Entity (NFE)?			Controlling Persons Form
	b) Are there any US persons owning 10% or more of the Passive NFE?			Controlling Persons Form And Form W-8BEN-E
VI	Please complete the following table indicating: <ul style="list-style-type: none"> where the Account Holder is tax resident and the Account Holder's TIN for each country/jurisdiction indicated. 			

If a TIN is unavailable please provide the appropriate reason **A, B or C** where indicated below:

Reason A The country where Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B The Account Holder is otherwise unable to obtain a TIN or functional equivalent (please explain why Account Holder is unable to obtain a TIN in the table below if you have selected this reason).

Reason C No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

Country/Jurisdiction of tax residence	TIN	If no TIN available tick the Reason			Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
		A	B	C	
1					
2					
3					

Declarations and Signature

- I/We hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, I/we hereby consent for the bank or any of its affiliates (including branches) (collectively "the Bank") to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.
- I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/we have provided to the Bank.

Name of Authorized Signatory Signature Date

I/We agree to receive through phone, fax, email or any other method of communication advertisement or promotions related to any KFHB banking products or services.

☐ Agree ☐ Disagree

I/We have read and understood the Bank's general terms and conditions and any conditions that apply to any product/service of the bank (as applicable) and agree to be bound by them. I/We hereby declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/we have not withheld any information. I/We undertake to advise the Bank in writing about any change that may occur to such particulars and/or information as soon as reasonably practicable.

By signing below, I/we confirm that the information above is correct, and I/we undertake to promptly notify KFH-Bahrain if any change occurs to any of the information provided. I/we also confirm that I/we have received, read and understood the Terms and Conditions of the Account Opening & Operation, internet banking, authority & indemnity for electronic transactions, and banking terms and conditions for Wealth Management & Private Banking Clients which may be amended from time to time by KFH-Bahrain. I/we hereby agree to be bound by these and all other applicable terms and conditions in force at any time upon my account. I hereby consent for Kuwait Finance House B.S.C.(c) or any of its holding companies, its affiliates or subsidiaries (collectively "the Bank") to share my information with domestic and overseas tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I/we declare that I/we am/are not a parent, spouse or child of an employee of the Bank (for Libshara accounts).

Customer Signature

RELATIONSHIP OF THE PERSON WHO FILLED THE FORM WITH THE ACCOUNT HOLDER

☐ The account holder himself/herself

☐ Legal Entity Name _____ ID _____ Relationship _____ RIM (if any) _____

Joint A/C	Name	ID	Relationship	RIM

Legal Guardian Name _____ ID _____ Relationship _____ RIM (if any) _____

FOR BANK USE ONLY

Relationship Manager name _____ Signature _____ Date _____

Department Head name _____ Signature _____ Date _____

1. Reference is made to the Central Bank of Bahrain Rulebook/Volume 2/ FC Module/ FC-1.2.1 and FC-1.2.7 Islamic bank licensees must obtain and record the source of funds, before providing financial services of any kind.
2. "Politically Exposed Persons" mean individuals who are, or have been, entrusted with prominent public functions in Bahrain or a foreign country, such as Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials. The definition is not intended to cover middle-ranking or more junior officials in the foregoing categories. Bahraini PEPs would include all Ministers, all MPs, and all Ministry officials with the rank of Undersecretary or above.
3. KFHB will not be responsible for damages sustained due to unauthorized access to any electronic account statement, inability to access or receive any electronic account statement due to computer, email or internet problems or any hardware or software failure or occurrence of any other force majeure event.

