

Entity Account – Entity Application Form

To be completed by the customer

Business Information

<input type="checkbox"/> New Relationship		<input type="checkbox"/> Existing Relationship		CIF No (Existing): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Company Name: _____			License Number: _____		
			Issuing Authority: _____		
			Date of Issuance: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
			Date of Expiry: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

Constitution Type: Tick all boxes that are applicable

<input type="checkbox"/> Offshore		<input type="checkbox"/> Free Zone		<input type="checkbox"/> Free Zone Offshore		<input type="checkbox"/> Sole Proprietorship		<input type="checkbox"/> Limited Liability Co.	
<input type="checkbox"/> Partnership		<input type="checkbox"/> Foreign Company		<input type="checkbox"/> Government Entity		<input type="checkbox"/> Semi-Government Entity			
<input type="checkbox"/> Private Joint Stock Co.		<input type="checkbox"/> Public/Listed Joint Stock Co.; Name of Stock Exchange: _____							
<input type="checkbox"/> Branch or Representative Office		<input type="checkbox"/> Charity/Cooperative Society		<input type="checkbox"/> Other Non-profit Organisation					
<input type="checkbox"/> Other (Specify) _____									
Country of Incorporation: _____				Date of Incorporation: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					
Company Annual Turnover: _____				Company Net Profit: _____					
Company Capital Amount: _____				Number of Employees: _____					
Source of Capital Investment: _____									
Detail of business activities (business profile/ products and services offered): _____									
Countries with which business conducted (has assets, interest, trade activity, counterparties, subsidiaries or parent company): _____									
Is the customer associated with any company(ies) or having any business activity with any sanctioned country? <input type="checkbox"/> Yes <input type="checkbox"/> No									
Does the customer have a parent company or subsidiaries in any sanctioned country? <input type="checkbox"/> Yes <input type="checkbox"/> No									
If you answered yes to any of these questions, please provide details: _____									

Company Address

Office Number: _____	Building: _____	Floor: _____	Street: _____
City/Area: _____		Country: _____	PO Box: _____
E-mail Address: _____		Website: _____	Office Phone Number: _____

Shareholders/Partners (Individual/Entity)¹: Shareholding entity nationality will be not applicable

First Shareholder Name:					
Nationality (1): _____		Nationality (2): _____		Place of Birth/Registration: _____	
Residential Address (i.e. where physically located): _____					
Percentage of Ownership: _____ %		Passport Number: _____		Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		EID Number (if available): _____		Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Second Shareholder Name:					
Nationality (1): _____		Nationality (2): _____		Place of Birth/Registration: _____	
Residential Address (i.e. where physically located): _____					
Percentage of Ownership: _____ %		Passport Number: _____		Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		EID Number (if available): _____		Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

¹Please use additional pages/sections should there be more than three shareholders.

Third Shareholder Name:		
Nationality (1):	Nationality (2):	Place of Birth/Registration:
Residential Address (i.e. where physically located):		
Percentage of Ownership: _____ %	Passport Number:	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
	EID Number (if available):	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY

Authorised Signatory/Controlling Parties²:

First Authorised Signatory/Controller Name:		
Nationality (1):	Nationality (2):	Place of Birth:
Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Passport Number:	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
	EID Number (if available):	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
Position in the Company:		
Contact Details: Residential Address (i.e. where physically located)		
E-mail Address:		
Phone Number:		Mobile Number:

Second Authorised Signatory/Controller Name:		
Nationality (1):	Nationality (2):	Place of Birth:
Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Passport Number:	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
	EID Number (if available):	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
Position in the Company:		
Contact Details: Residential Address (i.e. where physically located)		
E-mail Address:		
Phone Number:		Mobile Number:

Third Authorised Signatory/Controller Name:		
Nationality (1):	Nationality (2):	Place of Birth:
Residency Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Passport Number:	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
	EID Number (if available):	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY
Position in the Company:		
Contact Details: Residential Address (i.e. where physically located)		
E-mail Address:		
Phone Number:		Mobile Number:

PEP Status

Are any of the shareholders or the authorised signatories considered a PEP or customer related/associated with a PEP?

Yes No

If Yes, please provide further details:

² Please use additional pages/sections should there be more than three authorised signatories/controller. A controller is an individual who has direct and regular day to day management and has the legal capacity to enter into agreements or contracts, assume obligations in the name of the entity (e.g. a Board of Director, CEO, COO, CFO, Chief Accountant, Authorised Signatories, POA, Manager or Director).

Banking Information
Purpose of account opening and the reason for establishing/maintaining the relationship with CBI:

- Purpose (what the account will be used for): _____
- Reason for choosing CBI: _____
- Linked Accounts
 Better Pricing
 Service issue with existing bank
 Other (Specify): _____

CBI Related Account: Yes No

Opening Date	CBI CIF	Account Name	Currency	Branch

Please provide the bank names you are currently dealing with:

Bank Name	Branch	City	Country

Please provide the names of your top 5 customers and suppliers:
Customers:

Name	Activity	Country
1.		
2.		
3.		
4.		
5.		

Suppliers:

Name	Activity	Country
1.		
2.		
3.		
4.		
5.		

Type of Account required: _____

Currencies: AED USD EUR Others (Specify): _____

Bank Channels to be used:

- Branch
 Mobile Banking
 Online Banking
 Call Center
 Automatic Teller Machines (ATMs)/
Cash Deposit Machine

Expected Products:

- CASA FD Entity Card Loan Trade Finance Money Market FX
 Insurance Investment Islamic Others (Specify): _____

Expected Transaction within the Account:

- Cash Deposits & Withdrawal
 Cheque Deposit & Withdrawal
 Incoming & Outgoing Transfers
 Export Letter of Credit
 Import Letter of Credit
 Import/Export Document Collection
 Others (Specify): _____

Expected Account Activity	
Initial Deposit Amount:	Expected turnover in CBI account/Percentage of business to be conducted through CBI:
Source of initial deposits:	
Monthly number of cash deposit (counts):	Monthly value of cash deposit (amount):
Monthly number of cash withdrawal (counts):	Monthly value of cash withdrawal (amount):
Monthly number of cheque deposit (counts):	Monthly value of cheque deposit (amount):
Annual number of inward remittances (counts): Annual value of inward remittances (amount):	From which country(s):
Annual number of outward remittances (counts): Annual value of outward remittances (amount):	To which country(s):

I/We hereby certify that all of the above mentioned information and all of the documents provided and/or to be provided are true and reflect the accurate situation to date and that, following the date of such information and documents, no new event, likely to affect my/our financial and legal situation, especially my/our resident or non-resident status, has occurred.

Moreover, I/we hereby undertake to provide the Bank, along with supporting documents, with all of the information that the Bank might request and notify the latter of any change in my/our situation.

<u>Authorised Signatories' Name</u>	<u>Signature and Date</u>
1 -	1 -
2 -	2 -
3 -	3 -

To be completed by the responsible Bank official – CBI Staff

For Bank Use Only – Branch/ Business Unit

Business Background Information

Company Name: _____

New Relationship Existing Relationship

Date account opened:
 Date of last review:
 Next KYC Review Date:

Wholesale Banking Group
 Islamic Banking
 Business Banking
 Retail Banking, _____ Branch

Resident Entity Non-resident Entity

PEP: Yes No

Borrowing Relationship Non-borrowing Relationship

Audited Financial Statement
 Non-audited Financial Statement, name of auditor: _____

Standard Customer Due Diligence (CDD) undertaken by the business unit's RM/Branch PB & BOM

Yes No

Customer Risk Rating: Standard Risk High Risk, reason: _____

Case referred to Compliance: No **If yes**, specify the reason: _____

Did you identify that your client has any business relations with a sanctioned country(ies)?

Yes No

If Yes, specify name of the country(ies) _____ Reason/Nature of relationship: _____

Entity's FATCA TIN/ GIN: _____ (GIN is applicable for FI)

Entity's CRS TIN: _____ Economic Sector Code: _____

Comments on your knowledge of the company's background that has enabled you to assess client business detail, previous relationship and projected plans for the growth of the business.

Personal Banker/Relationship Manager Name	Signature and Date

Branch Manager/Department Head Remark: _____

Branch Manager/Department Head Name	Signature and Date

To be completed by the responsible bank official – CBI Staff

Call Visit Report/Onsight Inspection

Date of the visit: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <small>DD MM YY</small>	Location and type of premises visited (office/factory/site/warehouse/residence):
Standard Business/Operating Hours:	Contacted person visited name:
	Contact Number:
	Designation:
Premises and Activity Verification:	
The address of the customer is the same as mentioned in the account opening documentation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The telephone number/contact details; given in the account opening documentation are valid and are verified: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The customer is occupying the premises as given in AOF and opening documents: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The premises are locked and unoccupied: <input type="checkbox"/> Yes <input type="checkbox"/> No	
There is a name/sign board and it is visible: <input type="checkbox"/> Yes <input type="checkbox"/> No	
There is an ongoing activity in the premises: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The premises are shared office/table space/ PO Box office: <input type="checkbox"/> Yes <input type="checkbox"/> No	
The premises are <input type="checkbox"/> Owned by the customer <input type="checkbox"/> Leased (I have seen the lease papers): <input type="checkbox"/> Yes <input type="checkbox"/> No	
The business premises are used for any other businesses owned by the customer/other individuals: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes , name of company(ies) sharing the business address: _____	
Confirm if the customer has a separate warehouse address/storage facility address (if any): <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there employees present and working in the office/ factory? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are the business activities aligned with the objectives/activities as stated in the trade license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you witnessed any trading/business activity during your visit (customer visits, documents, invoices, contract copies, inventory, stationery)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did your observations agree with your expectations with the kind of the business/volume of transaction/the turnover provided? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please provide photographic evidence of the site visit conducted (signboard, inside office, etc)	
Observation: _____ _____	
Recommendation of the Relationship Manager: We are satisfied that this is a genuine business establishment, and recommend that we open account/s and establish a corporate/ retail/ trade finance relationship with this entity. _____ _____	

Visited by:	Signature and Date: