

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"/>	
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

<p>Are any of the shareholders or the authorised signatories considered a PEP or customer related/associated with a PEP?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please provide further details:</p> <p>_____</p> <p>_____</p>

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 -