



Customer File No. _____

Branch: _____

Account No. _____

Date: ____/____/____

KYC FORM/ UPDATE CUSTOMER INFORMATION – INDIVIDUAL

LEGAL STATUS (CUSTOMER/ JOINT ACCOUNT/ AGENT/GUARDIAN/ OTHER _____)

PERSONAL INFORMATION AND ADDRESSCustomer Full Name: _____, Gender: Male Female, Nationality: _____

Civil Identification #: _____ Expiry Date ____/____/____ Passport #: _____ Expiry Date: ____/____/____

Date of Birth: ____/____/____ Place of Birth: _____ Social Status: Single Married Divorced Separated
 WidowAccount type : Individual Joint Other, please, specify: _____ Resident Non-resident, Customer type Adult Minor

Area: _____ Block: _____ Street: _____ Jada: _____ Building No. _____ Floor No. _____ Flat No.: _____

Home Phone No. _____ Mobile No. _____

P.O. Box No. _____ Area _____ Postal Code _____ Email: _____

City: _____ Country: _____

PROFESSION / WORKProfession : Employee Businessman Pensioner Unemployed Housewife Student Minor other, please specify : _____**SOURCE OF INCOME**

(fill-in the following details related to the basic profession if you selected Salary or Both as your basic income)

**Source of income : Salary Other Both From Guardian/ Husband or Custodian

Grade/ Position : _____ Date of Employment: ____/____/____ Monthly Salary: _____ KD.

Place of work: _____ Nature of work activity : _____

OTHER OR ADDITIONAL SOURCE OF INCOME (IF ANY)

(Fill-in the following information related to the additional source of income business if you select "other source of income) or Both.

Type of Activity: _____ Commencement Date : ____/____/____ (Average) Expected income: _____ KD

Average: Daily Monthly Quarterly Biannual AnnualTransferred though : Cash Cheque Local Transfer International transfer Dividends Incentives Standing payment order K-net other, please specify : _____

Name of activity /Nature of activity : _____

INFORMATION OF ADDRESS IN THE HOMETLAND (FOR NON-RESIDENT CUSTOMERS)

Area _____ Block _____ Street _____ Jadeh _____ Building No. _____ Floor No. _____ Flat No. _____

Work phone No: _____ Extension _____ Work Fax No. _____

P.O. Box No. _____ Area _____ Postal Code: _____ Email : _____

City: _____ Country: _____ Same Address and home phone

Observations (If any) : _____



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Date: ____/____/____

SOURCES OF WEALTH / FIRST DEPOSIT**Source of wealth** : Saving Inheritance Other, please specify-----

Amount of wealth -----KD Amount of First Deposit: -----KD

PURPOSE OF OPENING THE ACCOUNT Salary Transfer Saving Investment Finance Cards Deposit other, please specify: _____**BENEFICIARY INFORMATION****Customer is the beneficiary** : Yes No (if you select No, please fill-in more KYC according to number of beneficiaries)**POLITICIAN****Are you or any of your relatives is a politician? If the answer is yes, please specify** Yes No Parliament/Party member Judge/ public prosecutor/prosecutor military governmental official governmental executive President/Governor/Mayor Diplomatic acquaintance of any of these categories* Related to any of these categories

additional Observations: _____

If you have any relation or connection to any politician, please mention the name and Nature of relationship :

I, the undersigned, declare that the abovementioned information is true and complete Customer Information:

Customer Signature : _____

"I, the undersigned declare that the above mentioned information is true and complete according to my best knowledge and the information and supporting documents submitted by the customer.

Retail Finance Officer: _____ **Signature** : _____**Branch Manager / Operations:** _____ **Signature:** _____