

Know Your Customer Corporate



Date _____ Branch _____

Company's Full Name _____ Account No. _____

Resident Corporate Civil ID No. _____ Non-Resident

Corporate Nationality _____ Date of Establishment _____

Name of Associates:- 1. _____ 2. _____
3. _____ 4. _____

Subsidiaries: _____ Address: _____

Please include the following documents:

Commercial License no. _____ Commercial Registration no. _____ Corporate Civil ID _____

Company's Capital _____ Articles of Association no. _____

Amendment of Articles of Association Type of Business Activities _____

Expiry date _____

Tax Identification no: _____

Type of Corporation:

W.L.L S.A.K G.P.S

Others _____

Contact Details

Address _____

Contact No. (1) _____ Contact No. (2) _____

E-mail _____ Website _____

Authorized Signatory _____ Director Contact No. _____

Business Type _____ Expected Monthly Income _____

Does your company have any foreign share holders that own 10% or more of its capital?

Yes No If yes, please provide the following details:

Name of share holder _____ Nationality _____

Does the entity have an address outside Kuwait (physical/postal)?

Yes No If yes, please provide the following details:

Address details: _____

City / State: _____

Postal code: _____

Does the entity have any standing orders transferring any amount to a foreign country?

Yes No If yes, please provide the following details:

Beneficiary details of standing order: _____

Transfer date of standing order: _____

Has the entity given a power of Attorney to any person/s to operate on its behalf that is residing in a foreign country?

Yes No If yes, please provide the following details:

Name (fiduciary): _____

Nationality: _____

Has the entity given an authorization to any person/s (for specific task) on it's behalf that is residing in a foreign country?

Yes No If yes, please provide the following details:

Name (authorized): _____

Nationality: _____

Do you have any non Kuwaiti telephone numbers?

Yes No If yes, please provide: _____

Select Account

Savings Account Commercial Star

Current Account Call Account

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Terms and Conditions

I/We hereby acknowledge the accuracy of all data and information provided. I/We also admitted my/our signatures below that I/We have read and understood the terms, conditions and rules for opening accounts, deposits and services 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 are the sole beneficiaries 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 35/2002 without any responsibility on the bank thereunder. The bank may set aside any funds transferred to/from 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.

Acknowledgment

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) of our accounts held with the bank including our jointly held accounts and furnish IRS with all the required data, information, clarifications and documents on such accounts and all our banking transactions with the bank along with responding to any queries the bank may receive from IRS and implement IRS's instructions in this regard and as required without informing us beforehand or obtaining our approval on the details submitted by the bank to IRS which 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 timeframe. 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 for interval / period(s) not exceeding three years. We hold the bank irresponsible for whatsoever matters mentioned here above. This acknowledgment is conclusive and irrevocable and may not be subject to any amendments.

Further, we acknowledge that we understand and conclusively & 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.

Authorized Signatories:

Name _____ Signature _____ Civil ID _____
Name _____ Signature _____ Civil ID _____
Name _____ Signature _____ Civil ID _____

Note: Copies of original documents and "Authorized Signatory Form" must be attached.

Details of company's/establishment representative:

Full Name _____ Civil ID _____
Job Title _____ Contact No. _____
Power of Attorney _____ Internal Power of Attorney _____

For Bank's Use Only:

Authorized Staff _____ Signature _____ Date _____

