

Date:

KNOW YOUR CUSTOMER (KYC)

Individuals

☐ New KYC ☐ KYC Update

Filled Through: ☐ Branch ☐ Tijari Online ☐ Mobile Banking ☐ Contact Center ☐ Other:

Do you have an existing personal account at CBK?

☐ Yes

☐ No

Are you opening a new personal account at CBK?

☐ Yes

☐ No, i am updating my KYC

☐ No, I am an Authorized Signatory on a CBK Account (includes guardians/POA holders/and entities' authorized signatories)§

Personal Information

Salutation: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Dr. ☐ Engr. ☐ Shaikh ☐ Other:

Name in English				الإسم باللغة العربية			
First Name	Second Name	Third Name	Last Name	إسم العائلة	الإسم الثالث	الإسم الثاني	الإسم الأول

Gender: ☐ Male ☐ Female

Nationality: Other Nationalities:

Country of Origin: Country of Residence:

Country of Birth: Date of Birth:

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Education Level: ☐ Elementary ☐ Middle School ☐ High School ☐ Diploma
☐ Bachelor ☐ Masters ☐ PHD ☐ Other:

Employment: ☐ Employed ☐ Self-Employed ☐ Student ☐ Minor
☐ Housewife ☐ Unemployed ☐ Retired

Are you considered a person with special needs? ☐ Yes ☐ No



Please Specify the disability type: ☐ Blind ☐ Deaf/Mute ☐ Physically Handicapped ☐ Cognitive / Mentally Handicapped ☐ Combination of Disabilities

(Note: A proof of Disability Type from the Public Authority of The Disabled has to be provided)

ID Information

Kuwait Residency: ☐ Resident ☐ Non-Resident ☐ Illegal Resident

ID Type

Resident ☐ Civil ID ID Number: ID Expiry:

Non-Resident ☐ Passport Passport Number: Country of Issuance:

Passport Issuance Date: Passport Expiry Date:

(Note: All expat CBK Customers with liabilities (wether resident or not) must provide the Passport information in addition to the Civil ID information)

Illegal Resident ☐ Illegal Resident Insurance ID ID Number: ID Expiry:

Illegal Resident ☐ Illegal Resident Insurance ID ID Number: ID Expiry:

Additional ☐ Other Foreign ID (specify): Country of Issuance:

ID Number: ID Expiry:

Address & Contact Details

A) Address & Contact Details (In Kuwait)

Area: Governorate: Block: Street:

Avenue: House: Floor: Flat:

Mobile No.: Tel. No.: Other Tel No.:

Email:

Authorized Customer Signature:

B) Work Address & Contact Details

Area: Governorate: Block: Street:
Avenue: Building: Floor: Office No:
Office Tel. No.: Extension No.:

C) Address & Contact Details (Overseas)

Do you have an overseas address? ☐ Yes ☐ No (Please go to the next section)
Country: State/Zip: City:
Address:
Overseas Mobile No.: Overseas Tel No.:

D) Post Office Address

P.O. Box No. Post Office Zip Code Country

Preferred Mailing Address

Please select your preferred mailing address, from the provided addresses*

☐ (A) Kuwait Residential ☐ (B) Work ☐ (C) Overseas ☐ (D) P.O. Box

Occupation Information:

Occupation: Detailed Profession:
Employee Name:
Industry: Sector: ☐ Public ☐ Private

Business Information (for Business Owners Only)

Do you Own a Business ? ☐ Yes ☐ No
Entity Name: Activity Sector:
Job Title: Office Tel. No.: Extension:
Entity Address:

General Financial Information

Monthly Salary/Income: Additional Monthly Income:
Source of Additional Monthly Income: Average Annual Income:

Banking With CBK Information

Initial Deposit Information:

First Deposit Type: ☐ Cash ☐ Cheque ☐ Transfer ☐ Other:
Amount: Origin of Funds:

Purpose of Banking with CBK (tick all that applies):

☐ Transferring Salary ☐ Saving ☐ Entering Najma Draw ☐ Running the Business
☐ Issue Chequebook ☐ Getting Loans ☐ Getting Credit Cards ☐ Other
Mention the Sources of Funds:

Expected Transactions Information

Expected Number & Amount of Credits	Expected Credit Sources
Expected Number of Monthly Credit Transactions:	<input type="checkbox"/> Cash Deposits <input type="checkbox"/> ATM Deposits
Expected Number of Annual Credit Transactions:	<input type="checkbox"/> Inward Local Transfers <input type="checkbox"/> Inward International Transfers
Expected Amount of Monthly Credit Transactions:	<input type="checkbox"/> Deposit Cheques <input type="checkbox"/> Credit Salary
Expected Amount of Annual Credit Transactions:	<input type="checkbox"/> Other Credits (Specify):

Expected Number & Amount of Debits	Expected Debit Sources
Expected Number of Monthly Debit Transactions:	<input type="checkbox"/> Cash Withdrawals <input type="checkbox"/> ATM Withdrawals
Expected Number of Annual Debit Transactions:	<input type="checkbox"/> Outward Local Transfers <input type="checkbox"/> Outward International Transfers
Expected Amount of Monthly Debit Transactions:	<input type="checkbox"/> Issue Cheques <input type="checkbox"/> P.O.S Transactions
Expected Amount of Annual Debit Transactions:	<input type="checkbox"/> Other Debits (Specify):

Authorized Customer Signature:

Other Bank Accounts

Do you have any bank accounts in other local / international banks?

☐ Yes

☐ No (Please go to the next section)

Bank Name	Country

Politically Exposed Person (PEP)

Definition of a Politically Exposed Person

The Politically Exposed Person is any individual or beneficial owner **who is or have been** entrusted with prominent public function in the State of Kuwait or a foreign country. For example: Heads of State or of Government, Senior Politicians, Senior Government, Judicial or Military Officials, Senior Executives of State Owned Corporations, Important Political Party Officials.

It is also any individual **who is or have been** entrusted with prominent function by an international organization referring to members of senior management, i.e. Directors, Deputy Directors and Members of the Board.

The Politically Exposed Person also includes family members up to the second degree and close associates.

List of Position / Occupation that applies to Politically Exposed Persons

- PEP occupation
- | | | | |
|----|---|----|--|
| 01 | Emir / Crown Prince / Head of State | 08 | Prime Minister / Minister / Undersecretary |
| 02 | Chairman / Deputy Chairman (State-Owned Company) | 09 | Public Prosecutor / Head of Court |
| 03 | CEO / Managing Director (State-Owned Company) | 10 | Majlis Al Umma Member / Parliament Member |
| 04 | Ambassador / General Counsel (Delegate Minister) | 11 | Deputy Prime Minister / Assistant or Deputy Minister |
| 05 | Governor / Deputy Governor | 12 | Commander in Chief / Marshal / Lieutenant General |
| 06 | Head / Board Member (International Organization) | 13 | President / Vice President of a Political Party |
| 07 | President / Vice President (International Organization) | | |

Are you a Politically Exposed Person ?

☐ Yes

☐ No

Mention the reference no. of the Position / Occupation that applies to **You** from the above table:

Spouse Name (If married): Spouse Civil ID:

Is any of your family members - up to the second kinship - a Politically Exposed Person (PEP)?

☐ Yes

☐ No

(e.g. spouse, children, parents, brothers, sisters, in-laws)"

Relative (PEP) Name: Relationship:

Mention the reference no. of the Position / Occupation that applies to **your (PEP) Relative** from the above table:

Are you a close associate to a Politically Exposed Person (PEP)?

☐ Yes

☐ No

Associate (PEP) Name: Relationship:

Mention the reference no. of the Position / Occupation that applies to **your (PEP) Close Associate** from the above table:

Other Required Information

Do you have a tax residency in any foreign country?

☐ Yes

☐ No

If yes please specify the Country:

Additional Country of tax residency, if applicable:

Additional Country of tax residency, if applicable:

Do you have any standing instruction to transfer funds to an account maintained in a foreign country?

☐ Yes

☐ No

Beneficiary Name: Country:

Have you granted a power of attorney to a non-resident person?

☐ Yes

☐ No

Country of residency of the non-resident person:

Authorized Customer Signature:

Customer Declaration

- I/We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. I/We undertake to inform the Commercial Bank of Kuwait K.P.S.C. ("the Bank") in writing of any changes to the information already provided and to update the information on this form whenever requested to do so by the Bank.
- I understand and agree that on any requirement by any Law, Regulations or any specific request from any relevant tax authorities, foreign financial institutions & foreign governments or any party authorized to audit, the information contained in this form and/or a copy of this form can be disclosed to such parties without any responsibility on the Bank or any of the bank's employees.
- I hereby acknowledge that I am the sole beneficiary from all my accounts existing at present or to be opened in the future in my name with the Bank and that they will not be utilized in any money laundering transaction. However, the Bank may, if the contrary is established, take the necessary measures and procedures stipulated in Anti-Money Laundering Law No. 106/2013 without any responsibility on the Bank there under. The Bank may set aside any funds transferred to my accounts immediately on the rise of suspicions involving money laundering operations.
- Further, I acknowledge that I understand and conclusively & unconditionally approve to comply with the Central Bank of Kuwait's instructions related to closing all or any of my 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, I adhere to return the cheque books in my possession to the Bank once I receive a notification of the account closure from the Bank. Furthermore, I acknowledge my prior approval on any other action the Bank may take in this regard i.e. to get my name included in the list of the customers whose accounts were closed due to returned cheques drawn by me or by my authorized agent, due to insufficient balance in such account. I, hereby, authorize the Bank to act on my behalf and open another current non- checking account in my name instead of the closed one. I also authorize the Bank to transfer to the new account intended to be open by the Bank on my behalf all my liabilities / obligations towards the Bank or third party and which may include cash and non-cash facilities previously granted to me along with their related debit balance. All the above acts and actions can be effected by the Bank without the need of my signature on any forms or requests or other applicable contracts at the Bank, as my present signature on the content of this Item serves as conclusive approval on my part without any responsibility on the Bank's part for any of the above actions.
- I also undertake to update this KYC upon the bank request. In the event I failed to update my KYC, or in case of any change in circumstances that causes the information contained herein to become incorrect without notifying the bank in writing. the bank is entitled to close my account(s), and to take any other procedures it finds necessary,
- I/we understand and agree that this declaration is final and irrevocable, and that it is not subject to cancellation or amendments.

Authorized Customer Signature

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Are you signing this KYC on behalf of someone else?

☐ No, I am signing on behalf of myself

☐ Yes, I am a guardian signing on behalf of a minor

☐ Yes, I am authorized through a General POA (From MoJ)

☐ Yes, I am authorized through a CBK POA

Information of the Attorney / Guardian (in case the KYC was signed by any of them)

Attorney / Guardian Name:

Attorney / Guardian Nationality: Attorney / Guardian ID no.:

Power of Attorney Reference no.: Power of Attorney Date:

For Bank Use Only

RR: ☐ L ☐ M ☐ H

Segment: Account Manager:

The customer has signed in my presence after I reviewed the Original IDs and required documents.

Maker Name:
Maker Signature:

Checker Name:
Checker Signature: