

Date

Part 1: Customer profiling for KYC update/trigger based review/thematic & other

Full Name (as per Trade License/ Registration)																											
Corporate name																											
Branch Name (as per license)																											
CIF No. (if existing)																											
Event-driven Updates of Risk Factors	☐ Change in Profile (change to a non-U.A.E address, nationality change, addition of PoA, change in ownership structure, business activity, etc.) ☐ Reactivation of Dormant Account ☐ Request from AML/Sanctions/CAA to update KYC ☐ KYC Update ☐ Others (Specify) 																										
Existing relationship since								Listed in Stock Exchange	☐ Yes ☐ No																		
Corporate Entity Type																											
Industry																											
Line of Business (as per Licence)																											
Customer Activity	☐ DPMS ☐ DNFBP ☐ VASPs																										
Product & Services category	☐ Bonds ☐ Cards ☐ Current Account ☐ Loans ☐ Savings Account ☐ Services ☐ Term Deposit ☐ Others 																										
Delivery Channel	☐ Face-to-Face ☐ Non Face-to-Face																										

Commercial Information

Country of Incorporation								Country (s) of operation																			
Country of Headquarters / Principal Place of Business (if outside UAE)																											
Country (s) from where income is derived from (10% or more)																											
Special Risk Factor	Any Material Negative information on client																		☐ Yes ☐ No								
Date of formation																											

Physical/Registered Business Address.

Office No.								Building																				
Street								Country																				
City/Emirate/State								Post/Zip Code/P.O. Box																				
Country of Headquarters/ Principal Place of Business (if outside UAE)																												
Mobile Number																												
Telephone Number														Fax Number														
Company Email Address																												
Company Website																												
VAT No.																												

Customer Name

Operating Address (if different from Physical Business/Registered Address)

Office No.		Building		
Street		Country		
City/Emirate/State		Post/Zip Code/P.O. Box		
Corporate Entity Type	☐ Limited Liability Company		☐ Partnership	
	☐ Free Zone Company		☐ Offshore Company	
	☐ Foreign Company		☐ Government	
		☐ Sole Proprietorship		
		☐ Branch of Local/Foreign Company		
		☐ Other		
Listed in Stock Exchange If Yes, please provide details	☐ Yes ☐ No			

Annual income		☐ Actual ☐ Estimated	
Primary trade locations			
Number of Employees (UAE and overseas)		Website	
Total Assets (AED)		Annual Sales/ Revenue (AED)	Net Profit (AED)

Anticipated Account Activities

Anticipated Annual Account Credit Turnover		Anticipated Annual Account Debit Turnover	
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Expected Monthly Deposits

Add Transactions type	Amount (AED)	No. of Transaction
Cash and/or CDM		
Cheques and/or Drafts		
Transfers (incl Online) Internal Transfers Inbound Remittances		

Expected Monthly Withdrawals

Add Transactions type	Amount (AED)	No. of Transaction
Cash and/or CDM		
Cheques and/or Drafts		
Transfers (incl Online) Internal Transfers Outbound Remittances		

Does the customer intend to make cross border payments?	☐ Yes ☐ No	If yes, please provide the following information
Purpose of cross border payment		
Anticipated number of cross border payments		
Anticipated value of cross border payments		
Countries that Payments will be made to		
Countries that Payments will be received from		

Source of funds/wealth

Where will the initial funding in the account originate from?	☐ Self ☐ 3 rd Party	If 3 rd party, please provide below information
Expected amount	Name of the counterparty	
Name of the Bank	Connection/Relationship of the prospect with the counterparty	

Customer Name

Ownership Structure (Organisation Chart attached, duly signed by the prospect/customer and the RM)

Name of Parent Company/Corporate Shareholders	Place of Incorporation of Entity	% of shares	Physical Address (for business as applicable)	PEP (if any of the owners is a PEP or related to a PEP)
				<div>☐ Yes ☐ No</div>
				<div>☐ Yes ☐ No</div>
				<div>☐ Yes ☐ No</div>
				<div>☐ Yes ☐ No</div>

Subsidiaries and Ultimate Beneficial Owners (UBOs)

UBO is a natural person who ultimately owns an entity. If the owner/partner of a customer is a legal entity, the UBOs of that entity must be identified until the natural person is reached.

Names of Subsidiaries	Place of Incorporation	% of shares	Physical Address (for business)	Nature of business

Control Persons (Board of Directors / Senior Management (C-suite)

Names of UBO/POA/ Signatory/ BOD	UBO/POA/ Signatory/ Designation	country of Birth	Nationality 1	Nationality 2	% of shares	Residence Country	Residential Address	PEP

Note: If any of the owner/partner/UBO is a PEP, the overall risk assessment should equate to High Risk. For all PEP/High Risk clients, the enhanced due diligence section to be completed, Business Head approval and Compliance clearance to be obtained.

Affiliated Entities: (if any)

Names of Affiliates	Place of Incorporation	Address	Relationship with the Account Holder	Nature of Activity

Customer Name

Supplier/Customer					
Names of Major Clients/Suppliers	Place of Incorporation	Address	Line of Business	Supplier	Customer

Details of professional background of the UBO	
Any additional Comments	
Shareholders & UBOs details to be identified along with their percentage interest for all, customer or its parent company	
Private companies	UBOs holding 10% or more shares
Listed companies	Verifying the identity of any shareholder, partner or UBO of a legal entity is exempted for listed companies who are listed on a Regulated Stock Exchange subject to adequate disclosure and transparency requirements related to beneficial ownership.
Source of Wealth and Income	<div><div>☐ Savings</div><div>☐ Inheritance</div><div>☐ Dividends</div><div>☐ Business Income</div></div>
Note - Evidence is mandatory for HIGH RISK	<div><div>☐ Investment Returns</div><div>☐ Property sale/Rent</div><div>☐ Others specify</div></div>
Customer Signature	

Customer Name

[illegible]

Site Visit Report

(Mandatory of all High Risk customers) Call Report of the visit is mandatory

i. Client Visit performed?	☐ Yes ☐ No
ii. Date of visit	
iii. Location of visit	
iv. Name of UAB staff who performed the site visit	
v. Person(s) met with?	
vi. Type of company setup and strength of employees at the location?	
vii. What are the activities conducted at the location?	
viii. Is the location/premises exclusively used for the operations of the subject entity?	☐ Yes ☐ No
If No, please provide explanation	

ix. RM Assessment and feedback (a brief report is mandatory for high risk)

Address Proof – (Mandatory for all High Risk legal entities)

Recent 3 months Bank Account Statement is required for all High Risk relationships.

One of the following documents must be provided as proof of operating/physical address of the customer:

- a) Tenancy Contract or Ejari
- b) Utility Bill
- c) Bank Account Statement*
- d) Landline Telephone Bill
- e) Or, any other proof of address issued by a government authority

*Should be not more than 3 months old and must have physical address mentioned.

Specific Comments

Overall Risk Assessment of the Client ☐ Low ☐ Medium ☐ High ☐ Unacceptable

Sign-Off

Staff who met/interviewed the client (for all risk classifications)		Signature
Unit Head (for all risk classifications)		Signature
Business Head (for clients classified as High Risk)		Signature

Compliance approval is required for all high risk cases