



KYC Declaration Form

Know Your Client Application Form (For Individuals only)

Date:

Please Write "NA" if a field doesn't apply to you

Personal Details

Title: Mr. Mrs. Ms. Miss.

First Name: Middle Name: Last Name:

Date of Birth: Place of Birth:

Religion: Gender: Male Female

Current Nationality: Previous Nationality: (If Any)

Profession:

Address

Residential Address: Home Country Address (if any):

Address 1: Address 1:

Address 2: Address 2:

PO Box No: PO Box No:

Passport Details

Passport No.: Country of issue:

Passport Issue Date: Passport Expiry Date:

Entry Date UAE: Entry Port:

Sponsor Name (if any): Contact No.:

Emirates ID Details (if any)

Emirates ID No.: Issue Date: Expiry Date:

Contact Details

Phone (Local): Phone (Abroad):

Email Address: Website (if any):

Marital Status

Single Married Divorced / widow / Separated

Nationality: Spouse Name:

Date of Birth:

Parent's Details

Father's Name: Nationality: Date of Birth:

Mother's Name: Nationality: Date of Birth:

Academic Qualification

Type of Qualification: Qualification Name:
Specialization: Date of Completion:
University Name: Country Name:
Languages:

Previous full-time Military employment: Yes No

PEP Identification (Politically Exposed Persons): Yes No
If yes please complete the below

Country Name: Service Type:
Occupation: Duration:

Business Details

How many years of Business Experience do you have? Company Name:
Title: Address:
Country: Telephone No.:
Phone No.: Email:
Website: Fax:

Type of Business: Trading Marketing Consulting Media Services IT Others

If others, Please provide the details:

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Nature / Activities of Business:

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Source of Funds:

Current Role: Employee Business Owner Job Title:

Start Date: End Date:

Provide a Brief Description of the proposed Business (Including the activities of Business)

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Declaration

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

Applicant Name: Date:

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Signature