CREATIVE CITY
MEDIA FREE ZONE

KYC Declaration Form

Know Your Client Application Form (For Individuals only)

Date: .....

Please Write "NA" if a field doesn't apply to you, Also note some fields are mandatory and must be filled.

Personal Details

Gender: ☐ Male ☐ Female

Title: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss.

First Name: .....

Middle Name: .....

Last Name .....

Language(s) Spoken : .....

Maritial Status: ☐ Single ☐ Married ☐ Divorced / widow / Separated

Emirates ID No. (If Any): .....

Issue Date. .....

Passport & Citizenship Details

Passport - 1

Current Nationality .....

Passport No.: ..... **Place of issue:** .....

Issue Date: ..... **Expiry Date:** .....

Date of Birth: ..... **Place of Birth:** .....

Additional Passport(s) & Citizenships- 2

(If Any - Kindly mention below separated by (,) and attach document copy)

Country(ies): .....

Passport No(s).: .....

Source of Fund (SoF/SoW) - Select

- ☐ Savings from Employment Income
- ☐ Share sale
- ☐ Company sale or sale of an interest in company
- ☐ Loan
- ☐ GIFTS
- ☐ Maturing investments or encashment claim
- ☐ Property sale
- ☐ Inheritance
- ☐ Company profits
- ☐ Other income sources: .....

Family & Relationships

*Father's Name: ..... Nationality: .....

*Mother's Name: ..... Nationality: .....

Spouse Name ..... Nationality: .....
(If Applicable)

Contact

Primary Telephone No: .....

Secondary Telephone No. .....

Home Country Tel No. .....

Email Address: .....

Address

Residential Address :

Country: .....

State/City: .....

Street: ..... Area : .....

Building / Villa: ..... Apartment No. .....

Home Country Address : (If Any)

Country: .....

State/City: .....

Street: ..... Area : .....

Building / Villa: ..... Apartment No. .....

Identification

Previous full-time Military employment: ☐ Yes ☐ No

PEP Identification (Politically Exposed Persons): ☐ Yes ☐ No

*If any of the above is answered (YES), Please complete the below

Country of Service: .....

Role: .....

Start Year: ..... **End Year** .....

Educational Qualifications & BusinessExperience

Highest Qualification: .....

Specialization: .....

Country of Completion: .....

Date of Completion: .....

Years of Experience: .....

Fields of Experience: .....

Countries: .....

Companies owned or controlled by individual

Company Name	Country	Capacity	Share %
	UAE		

Current Active Role(s): .....

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: .....

Signature