KYC Declaration Form

Know your client application form (For Individual only)

مدينة الفجيرة للإبداع - المدينة الإعلامية الحرة
CREATIVE CITY FUJAIRAH - MEDIA FREE ZONE

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 ☐ Ms ☐ Mrs ☐ Miss

First Name: _____

Middle Name: _____

Last Name: _____

Language (s) Spoken: _____

Marital Status: ☐ Single ☐ Married ☐ Divorced/Widow/Seperated

Emirates ID No: (If any) _____

Issue Date: _____

Passport and Citizenship Details

Passport

Country Nationality: _____

Passport No: _____ Place of Issue: _____

Issue Date: _____ Expiry Date: _____

Date of Birth: _____ Place of Birth: _____

Additional Passport (s) & Citizenships

(If any - Kindly mention below seperated by (,) and attach doc copy)

Country / Countries: _____

Passport No(s): _____

Source of Fund (SoF/SoW) - Select

☐ Saving 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 Details

Primary Telephone No: _____

Secondary Telephone No: _____

Home Country No: _____

Email Address: _____

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 (UAE)	Capacity	Share

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:** _____