



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:

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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

Spouse Name:

Nationality:

Date of Birth:

Parent's Details

Father's Name: Nationality: Date of Birth:

Mother's Name: Nationality: Date of Birth:

Academic Qualication

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