

CUSTOMER PROFILE FORM (KYC)



PRIVATE
BANKING

بيت التمويل الكويتي
Kuwait Finance House
البحرين ش.م.ب (م) (S.C.) Bahrain



B.1) SHAREHOLDERS HOLDING (Top 5)

Shareholder Name	ID Card / Passport / CR No.	Nationality	% of Shareholding

B.2) DIRECTORS

Director Name	ID Card / Passport No.	Nationality	Country of Residence

B.3) AUTHORISED SIGNATORIES

Signatory Name	ID Card / Passport No.	Nationality	Country of Residence

III) ANTICIPATED BANKING TRANSACTIONS

- Cash deposit High Low
- Cash withdrawal High Low
- Cheque deposit High Low
- Cheque withdrawal High Low
- Internal transfer to KFHB customer's accounts High Low
- Money transfers to other banks in Bahrain High Low
- Inward international money transfers High Low
- Trading & Investment High Low

Countries names _____

- Outward international money transfers High Low

Countries names _____

FATCA & CRS DECLARATION (INDIVIDUAL)

Please tick Yes or No to the following questions (as applicable):

Please answer ALL the below Questions	Yes	No	Requirements if the answer is 'Yes'	
Are you a US citizen?			W-9	
Are you a US tax resident (e.g. Green Card Holder)?			W-9	
Were you born in the US?			If you are a US citizen	W-9
			If you are not a US citizen	Certificate of Loss of Nationality of the United States + W-8BEN
Are you tax Resident in any Country/Jurisdiction other than Kingdom of Bahrain? For details on tax residency of a country please refer to OECD site http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency			please complete the following section	

***If No,**

You confirm that you are a tax resident in the Kingdom of Bahrain and do not have a TIN (Tax Identification Number).

***If Yes**

Please complete the following table indicating:

- where the Account Holder is tax resident and.
- the Account Holder's TIN for each country/jurisdiction indicated.

If a TIN is unavailable please provide the appropriate reason **A, B** or **C** where indicated below:

Reason A The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

Reason B The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain).

Reason C No TIN is required.

(Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

FATCA & CRS DECLARATION (INDIVIDUAL)

	Country/Jurisdiction of tax residence	TIN	If no TIN available tick the Reason			Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
			A	B	C	
1						
2						
3						

I/We confirm the information provided above is true, accurate and complete.

I/We hereby consent for Kuwait Finance House (Bahrain) B.S.C.(c) or any of its holding companies, affiliates or subsidiaries (collectively "the Bank") to share my information with domestic and overseas tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I/We agree and undertake to notify the Bank within 30 calendar days if there is any change in any information, which I have provided to the Bank and to promptly provide the Bank with true, accurate and updated information.

Signature(s)

Date

I/We agree to receive through phone, fax, email or any other method of communication advertisement or promotions related to any KFHB banking products or services.

Agree Disagree

I/We have read and understood the Bank's general terms and conditions and any conditions that apply to any product/service of the bank (as applicable) and agree to be bound by them. I/We hereby declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/we have not withheld any information. I/We undertake to advise the Bank in writing about any change that may occur to such particulars and/or information as soon as reasonably practicable.

By signing below, I/we confirm that the information above is correct, and I/we undertake to promptly notify KFHB-Bahrain if any change occurs to any of the information provided. I/we also confirm that I/we have received, read and understood the Terms and Conditions of the Account Opening & Operation, internet banking, authority & indemnity for electronic transactions, and banking terms and conditions for Wealth Management & Private Banking Clients which may be amended from time to time by KFHB-Bahrain. I/we hereby agree to be bound by these and all other applicable terms and conditions in force at any time upon my account. I hereby consent for Kuwait Finance House B.S.C.(c) or any of its holding companies, its affiliates or subsidiaries (collectively "the Bank") to share my information with domestic and overseas tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I/we declare that I/we am/are not a parent, spouse or child of an employee of the Bank (for Libshara accounts).

Customer Signature

RELATIONSHIP OF THE PERSON WHO FILLED THE FORM WITH THE ACCOUNT HOLDER

The account holder himself/herself

Legal Entity Name _____ ID _____ Relationship _____ RIM (if any) _____

Joint A/C Name _____ ID _____ Relationship _____ RIM _____

Legal Guardian Name _____ ID _____ Relationship _____ RIM (if any) _____

FOR BANK USE ONLY

Relationship Manager name _____ Signature _____ Date _____

Department Head name _____ Signature _____ Date _____

- Reference is made to the Central Bank of Bahrain Rulebook/Volume 2/ FC Module/ FC-1.2.1 and FC-1.2.7 Islamic bank licensees must obtain and record the source of funds, before providing financial services of any kind.
- "Politically Exposed Persons" mean individuals who are, or have been, entrusted with prominent public functions in Bahrain or a foreign country, such as Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials. The definition is not intended to cover middle-ranking or more junior officials in the foregoing categories. Bahraini PEPs would include all Ministers, all MPs, and all Ministry officials with the rank of Undersecretary or above.
- KFHB will not be responsible for damages sustained due to unauthorized access to any electronic account statement, inability to access or receive any electronic account statement due to computer, email or internet problems or any hardware or software failure or occurrence of any other force majeure event.



Client Consent

I, the undersigned, hereby understand that Wathiq is an Electronic Know-Your-Client (eKYC) platform developed by The BENEFIT Company (BENEFIT) designed to digitally authenticate, receive and verify my identity and information from the Information & eGovernment Authority (IGA) periodically to banks, financial institutions, financial service providers and approved entities by the Central Bank of Bahrain (CBB).

I agree that Wathiq (eKYC) will collect the following information as per CBB requirements when I request a financial service from entities approved by the CBB:

1. Personal and ID Information
2. Contact Information
3. Account Details
4. Employment Details
5. Residency Information

I am aware that my information will be retained for 10 years and might be shared with third parties within and outside Bahrain for the purposes of regulatory requirement, cloud storage, statistics and others.

For more details, please refer to the privacy policy available on <https://www.benefit.bh/privacypolicy/>

I confirm with my full legal capacity that I have read the above and understood the purposes in which Wathiq (eKYC) collects and retains my information, and provide consent to the BENEFIT Company to collect, retain, process, and transfer this information for eKYC purposes.

Client

Name _____

Identity No. _____

Date _____

Signature _____

Witness

Name _____

Identity No. _____

Date _____

Signature _____

