

PERSONAL ACCOUNT
OPENING FORM



PRIVATE
BANKING

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



Kuwait Finance House-Bahrain
Bahrain World Trade Center
West Tower
P.O. Box 2066, Manama
Kingdom of Bahrain
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ACCOUNT DETAILS

Current BHD USD GBP Euro Other(Specify): _____
 Savings BHD USD GBP Euro Other(Specify): _____
 Electronic BHD USD GBP Euro Other(Specify): _____
 Libshara BHD USD
 Call BHD USD
 Anticipated Profit Rates: (\geq BD 100k or equivalent) _____ (< BD 100k or equivalent) _____

BANKS MUDHARIB PROFIT SHARE

Account Type	BD	USD	GBP	EUR
<input type="checkbox"/> Saving	95%	95%	95%	95%
<input type="checkbox"/> Libshara	-	-	95%	95%

* The Bank may in its absolute discretion change the future percentages from time to time and may be known from the Bank upon request or from the Bank's website.

Kuwait Finance House-Bahrain (the 'Bank') will invest funds deposited in Unrestricted Investment Accounts with its own funds in the Bank's general assets portfolio ("General Portfolio").

Any profit that is generated from the General Portfolio will be distributed according to the investment period as per the Bank's Policy. The schedule above illustrates types of Unrestricted Investment Accounts and the Bank's profit share as Mudharib.

CUSTOMER DETAILS

Legal Status: Individual Minor(represented by the Guardian)/ Disabled Joint personal (specify) *primary/secondary RIM No.:* _____
 Other (specify) _____
 Full Name: _____
 A/C Name: _____
 ID No.: _____ Resident: Yes No Place of Birth: _____
 Tel: _____ Mobile: _____
 Email: _____ Bank Statement by Email¹: Yes No
 Mailing Address Same as permanent Other (specify): _____
 Next of Kin Name: _____ Contact: _____ Relationship: _____
 Purpose of Account Opening: _____
 If non-resident, please state the reason for opening an account in Bahrain: _____

 Source of Income: _____
 Source of Wealth (e.g. Inheritance, Liquidation of Investments, Sales of Shares, Sale of Property, Gift, etc.): _____
 Politically Exposed Person (PEP)³: Yes No Position held: _____
 PEP Relative: Yes No Relationship with PEP: _____

1. 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.
 2. 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.
 3. "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.

CURRENT EMPLOYMENT INFORMATION

Employed Student Retired Businessman/woman Housewife Other (please specify) _____

Employer Name: _____

Occupation: _____ Designation: _____

Monthly Income (BHD): _____

Source of other income: _____ In BHD: _____

Self Employed

Organization Name: _____ CR No.: _____

Legal Form: _____ Date of Incorporation: dd / mm / yy Place of Incorporation: _____

Nature of activities and cooperation (detailed): _____

Anticipated monthly income: _____

Regulatory body (if any): _____ Listing body (if any): _____

Name of external auditor (if any): _____

Please specify if:

- The entity has been or is in the process of being wound up, dissolved, struck off, or liquidated Yes No

- The funds or part of the funds to be credited in the account are pooled funds Yes No

PLEASE SPECIFY IF THE CUSTOMER ACTIVITY/BUSINESS INVOLVES ANY OF THE FOLLOWING:

Hotels Money Changers/Remitters Auctioneers Real Estate Car Dealer Brokers Cash Intensive Business Funds Manager

Jewelers (or dealers in precious stones, metal or high value movable items) Lawyers, Notaries, Accountants, Auditors Arms Dealer

ANTICIPATED BANKING TRANSACTIONS*

Cash Deposits: High Low Inward International Money Transfers: High Low

Cash Withdrawals: High Low Countries Names/Reason: _____

Cheque Deposits: High Low Outward International Money Transfers: High Low

Cheque Withdrawals: High Low Countries Names/Reason: _____

Internal Transfer to KFHB Customer's Accounts: High Low

Money Transfers to Other Banks in Bahrain: High Low

*Based on the expected volume of each type of transaction compared to the volume of all your transactions.

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 a tax Resident in any Country/Jurisdiction other than Kingdom of Bahrain?*			please complete the following section	
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				

***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

A- AUTHORITY & INDEMNITY FOR ELECTRONIC TRANSACTIONS Yes No

Sr.	Name	Telephone	Mobile	Fax	Email
1					
2					
3					

B- ATM SERVICE REQUEST Yes No

Account Name: _____

Account Number:

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 Name: _____
(as to be printed on the card)

C- CHEQUE BOOK REQUEST Yes No

Account Name: _____

Account Number:

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Number of cheque books: _____

D- SIGNATURE CREDIT CARD Yes No Credit Limit: _____

Emboss Name:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Direct Debit: Minimum Due Payment Full Payment Account Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Mother Maiden name: _____

Date of Birth: / /

E- SUPPLEMENTARY CARDS

Full Name: _____
(Mr/Mrs/Miss)

Emboss Name:

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Relationship: _____ ID No.: _____

Telephone Number: _____

Full Name: _____
(Mr/Mrs/Miss)

Emboss Name:

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Relationship: _____ ID No.: _____

Telephone Number: _____

I hereby declare that the information provided in this Application is true and accurate and I may be subjected to legal prosecution in case such information provided were intentionally wrong or misleading. I agree to inform KFH-Bahrain immediately of any change that may occur in such information and provide KFH-Bahrain promptly of the documents evidencing such change. I declare that I have obtained a copy, read and understood the Terms and Conditions of the Credit Card. I authorize KFH-Bahrain to contact any other bank(s) or any other source to obtain any information it may need. I further declare and understand that KFH-Bahrain reserves its absolute right to reject any application without providing any reason. I also undertake to inform KFH-Bahrain in case my residency in Bahrain is terminated and agree to return all cards to KFH-Bahrain.

Acknowledgment of reading the CC T&C

F- COURIER MAILING DETAILS

Name of Authorised Person: _____	CPR No.: _____	Mobile: _____
Mailing Address (if different than Permanent: _____)		

I/We fully understand the nature and implication of signing this application form and I confirm that I We have had the opportunity to seek independent professional advice prior to signing and submitting this application.

I/We declare that all the particulars and information provided 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 hereby authorise KFH-Bahrain to contact other sources to obtain and/or verify information about me/us. I/We understand, accept and agree that KFH-Bahrain reserves the right to decline this application without giving any reason.

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Customer Name	Signature	Date

Bank Use Only

Relationship Manager Name: ----- Signature: ----- Date: -----

Approved by: ----- Signature: ----- Date: -----

Inputed by: ----- Signature: ----- Date: -----



Client Consent

تفويض العميل

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).

انا، الموقع ادناه، على علم بأن واثق هو نظام اعرف عميلك إلكترونياً (eKYC) والذي تم تطويره من قبل شركة بنفت لمصادقة واستلام والتحقق من هويتي ومعلوماتي رقمياً من هيئة المعلومات والحكومة الإلكترونية بشكل دوري لصالح البنوك والمؤسسات المالية والمؤسسات المخولة من قبل مصرف البحرين المركزي.

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:

أوافق أن واثق (eKYC) سيقوم بتجميع المعلومات التالية وفقاً لمتطلبات مصرف البحرين المركزي، وذلك عند طلبي لخدمة مالية من الجهات المخولة من قبل مصرف البحرين المركزي:

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

1. المعلومات الشخصية ومعلومات الهوية.
2. معلومات الاتصال.
3. تفاصيل الحساب.
4. بيانات العمل.
5. معلومات الإقامة.

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.

انا على علم، بأن المعلومات المذكورة أعلاه سيتم الاحتفاظ بها لمدة 10 سنوات، وقد تتم مشاركتها مع أطراف أخرى داخل وخارج البحرين وذلك لأغراض الرقابة المصرفية والتخزين السحابي والاحصائيات وغيرها.

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

لمزيد من التفاصيل، يرجى مراجعة سياسة الخصوصية المتاحة على <https://www.benefit.bh/ar/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.

أؤكد بصفتي القانونية الكاملة بانني قرأت ما سبق وفهمت تماماً الأغراض التي يقوم بها نظام واثق (eKYC) من خلال جمع والاحتفاظ بالمعلومات الخاصة بي، وأسمح انا الموقع ادناه شركة بنفت بجمع هذه المعلومات والاحتفاظ بها ومعالجتها ونقلها لأغراض eKYC.

Client	العميل	Witness	الشاهد
Name	الاسم	Name	الاسم
Identity No.	رقم الهوية	Identity No.	رقم الهوية
Date	التاريخ	Date	التاريخ
Signature	التوقيع	Signature	التوقيع

