



Date     
day month year

Branch, \_\_\_\_\_  
 United Arab Emirates.

**CUSTOMER REFERENCE**

Customer account number   -  -  -  -  -  -   
22 digits

Account title \_\_\_\_\_

**BASIC INFORMATION**

Account type (Tick  as appropriate)    LLC    Partnership    Sole Proprietorship    Free Zone  
 Other, please specify \_\_\_\_\_

**Company's current physical / trading address:**

Number  Street   
office / suite / shop location / area

P.O. Box/Postal/Zip code  City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_

Tel (1) +                       
country code / area code   Tel (2) +                       
country code / area code

Fax +                       
country code / area code   Mobile +                       
country code / area code

Email \_\_\_\_\_ Website \_\_\_\_\_

**GENERAL INFORMATION**

Place of incorporation \_\_\_\_\_ Emirate \_\_\_\_\_

Licensing Authority \_\_\_\_\_ Date of incorporation     
day month year

Trade license number  Trade license expiry date     
day month year

Total annual sales turnover    < AED 10 Million    AED 10 - 25 Million    AED 25 - 50 Million  
 AED 50 - 100 Million    AED 100 - 200 Million    > AED 200 Million

Do you Audit your Financials?    YES    NO

Nature of Business / Product & Services Offered: Wholesale / Retail, details of shop/warehouse. (please describe below)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER BANK'S DETAILS**

Specify name of Banks where accounts are maintained:

NAME OF BANK & BRANCH	NAME OF BANK & BRANCH
1) _____	3) _____
2) _____	4) _____

authorized signatory's initial

**NOTE:** In the case of multiple signatories, authorized signatories must sign as per the account mandate.

**MAJOR CUSTOMERS & SUPPLIERS**

**List of Customers:**

NAME	LOCATION / COUNTRY
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

**List of Suppliers:**

NAME	LOCATION / COUNTRY
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

**SOURCE OF FUNDS**

Specify purpose for opening the account (Tick  as appropriate)

- Savings     
  Loan Repayments     
  Investment     
  Transactional / Business  
 Others , please specify \_\_\_\_\_

**TYPE OF OPERATIONAL ACTIVITIES**

Major Countries you are dealing with (Tick  as appropriate)   
 Only Locally (UAE)   
 Regionally (GCC)   
 Globally (list countries below)

- |          |           |
|----------|-----------|
| 1) _____ | 6) _____  |
| 2) _____ | 7) _____  |
| 3) _____ | 8) _____  |
| 4) _____ | 9) _____  |
| 5) _____ | 10) _____ |

Number of persons employed (Tick  as appropriate)   
 <10   
 10 to 25   
 25 to 50   
 50 to 100   
 >100

Primary Mode of payment to suppliers (Tick  multiple options as appropriate)

- Cash     
 Cheques     
 Trade Finance     
 Remittances / TTs (Telegraphic Transfers)     
 Draft / Pay Orders

**SANCTION COUNTRIES**

Do you Trade with any of the below Countries (Tick  as appropriate)   
 No   
 Yes, please specify;

- Iran     
 Syria     
 Sudan     
 Cuba     
 Yemen     
 Myanmar     
 North Korea

**PRIMARY NATURE OF TRANSACTIONS**

Obtain information on the customer’s anticipated Volume and Type of Activity to be conducted across the account:

TRANSACTION TYPES	ANTICIPATED TOTAL AMOUNT PER MONTH IN AED	ANTICIPATED PERCENTAGE SHARE OF CASH IN %
1) Total Deposits (Credit T/O) _____	_____	_____
2) Total withdrawals (Debit T/O) _____	_____	_____

**BACKGROUND OF SHAREHOLDERS/PARTNERS/BENEFICIAL OWNERS**

NAME	YEARS IN UAE	PAST BUSINESS	EDUCATION DETAILS	WORK EXPERIENCE	OTHER DETAILS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**FOR OFFICE USE**



signature \_\_\_\_\_  
 Verified by \_\_\_\_\_

authorized signatory(s) \_\_\_\_\_