

# **Commercial Banking Customer KYC Form**

A. ACCOUNT INFORMATION (To be filled by the Bank before dispatch to Customer)

Customer of: ☐ Business Banking ☐ Corporate Banking

Full Legal Company Name: 

(As per Commercial Registration)

| Account Number(s) | Date Account Opened | Account Status<br>(active, dormant, frozen, closing, closed) |
|-------------------|---------------------|--|
|                   |                     |  |
|                   |                     |  |
|                   |                     |  |
|                   |                     |  |
|                   |                     |  |

Customer's Present Address: 

(As per Commercial Registration)

B. MANDATORY DOCUMENTS TO BE PROVIDED BY THE CUSTOMER (To be filled by the Bank before dispatch to Customer)

- Kindly provide the following original documents to the Bank:
1. In the case of individuals: Identity Card (for Omani national) or Resident Card and Passport with valid Oman Visa page (for non-Omani national) for:

a. All the Immediate Owners as specified under Section I point (1) of this form.

b. All the Ultimate Beneficial Owners (UBO) as listed under Section I point (2) of this form.

2. In the case of juristic entities: Company Identification Document (ID) and for all Authorised Signatories as listed under Section 1 point (4), copies of their Identity Card (for Omani national), Resident Card and Passport with valid Oman Visa page (for non-Omani national). The original ID of any one of the Authorized Signatory ("A") must be sighted by the Bank Official; ID copies of all other Authorized Signatories to be certified by Signatory "A".

## 3. List the mandatory documents that must be provided if any against the documentation checklist below:-

| Company Type  | Mandatory Documents required   | Customer to provide: (Original copies) |
|---|--|--|
| All Companies   | • Original Commercial Registration Certificate listing all shareholders and signatories  |  |
|   | • Current Chamber of Commerce Certificate  |  |
|   | • Computer Extract of Declaration on Commercial Register (computer print-out)  |  |
|   | • Current authorised signatories registered with Ministry of Commerce and Industry (only for companies registered in Oman)     |  |
|   | • Signing Instructions   |  |
|   | • Attested Power of Attorney (if applicable)   |  |
|   | • Last available set of yearly audited company accounts (only where company annual turnover exceeds OMR250,000 (USD\$650,000)) |  |
| SAOG, SAOC Companies  | • Memorandum and Articles of Association attested by Ministry of Commerce and Industry   |  |
| General & Limited Partnerships  | • Partnership Agreement or Constitutive Contract signed by all partners and attested by Ministry of Commerce & Industry        |  |
| LLCs  | • Constitutive Contract signed by all partners and attested by Ministry of Commerce & Industry                                 |  |
| Holding Companies   | • Either in the form of a SAOG, SAOC or LLC therefore the relevant documents for the above entities will apply                 |  |
| Government of Oman  | • Documentary evidence of approval to conduct business   |  |
|   | • Approval from Ministry of Finance  |  |
| Branches of Foreign or Non-Resident Companies   | • Documentary evidence of approval to conduct business attested by Omani Embassy or any other GCC Embassy                      |  |
| For Clubs, Associations, Co-operatives, Charitable, Diplomatic Missions, Social and Professional Societies including Non-Government Organisations | • Either in the form of a SAOG, SAOC or LLC therefore the relevant documents for the above entities will apply                 |  |
|   | • Official certification from the relevant Ministry that company has the designated status                                     |  |
|   | • Constitution or Rules of the Club, Association or Society  |  |
|   | • Power of Attorney for Diplomatic Mission   |  |
|   | • Signing Instructions   |  |
|   | • National ID and Passport of authorized signatories   |  |

**C. LEGAL ENTITY DETAILS****Date of Establishment:** \_\_\_\_\_**Nature of Business (a summary of the company's activities):** \_\_\_\_\_**Commercial Registration Number:** \_\_\_\_\_ **Commercial Registration Expiry Date:** \_\_\_\_\_**Legal Entity Type:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Sole Trader / Proprietorship | <input type="checkbox"/> SAOG Company                            | <input type="checkbox"/> SAOC Company                    |
| <input type="checkbox"/> General Partnership          | <input type="checkbox"/> Limited Partnership                     | <input type="checkbox"/> Limited Liability Company (LLC) |
| <input type="checkbox"/> Holding Company              | <input type="checkbox"/> Government of Oman & State Owned Bodies |  |
| <input type="checkbox"/> Branch of Foreign Company    | <input type="checkbox"/> Non-Resident Company                    | <input type="checkbox"/> Trusts                          |
| <input type="checkbox"/> Charities                    | <input type="checkbox"/> Others, please specify: _____           |  |

Listed Exchange (In case of companies listed on a stock exchange, please name the Exchange): \_\_\_\_\_

Issuer of Bearer Shares ☐ Yes\* ☐ No

\* Indication that the company is fully or partially constituted by bearer shares.

In case of charities, please list the names and types of persons in whose benefit the charity operates (charity beneficiaries), all countries in which beneficiaries of the charity reside (countries of beneficiaries) and operate (countries of operation) and the name of the regulator of the charity (Charity Regulator).

| Charity Beneficiaries | Charity Countries of Beneficiaries | Charity Countries of Operation | Charity Regulator |
|-----------------------|------------------------------------|--------------------------------|-------------------|
|                       |                                    |                                |                   |
|                       |                                    |                                |                   |
|                       |                                    |                                |                   |

**Business Type (Please tick which category best describes your company):**

- |  |  |
|--|--|
| <input type="checkbox"/> Agriculture, Hunting & Forestry                         | <input type="checkbox"/> Transport, Storage & Communications                             |
| <input type="checkbox"/> Fishing   | <input type="checkbox"/> Financial Intermediaries  |
| <input type="checkbox"/> Mining & Quarrying                                      | <input type="checkbox"/> Real Estate, Renting & Business Activities                      |
| <input type="checkbox"/> Manufacturing   | <input type="checkbox"/> Public Administration, Defense, Compulsory Social Security      |
| <input type="checkbox"/> Electricity, Gas & Water Supply                         | <input type="checkbox"/> Education   |
| <input type="checkbox"/> Construction  | <input type="checkbox"/> Health & Social Work  |
| <input type="checkbox"/> Wholesale, Trading, Retail Trade                        | <input type="checkbox"/> Other Community, Social & Personal Service Activities           |
| <input type="checkbox"/> Repair of cars, Motorcycles, Personal & Household Goods | <input type="checkbox"/> International Organizations, Diplomatic & Consular Institutions |
| <input type="checkbox"/> Hotels & Restaurants                                    | <input type="checkbox"/> Others  |

## Commercial Banking Customer KYC Form

**Nature of account:** ☐ Resident in Oman ☐ Non Resident\*

\* In case of Non-Resident Account kindly specify Country and Year of Incorporation, and Home Country address of the Parent Company, the purpose of account and provide the latest copy of the renewed Trade License of the Parent Company issued in the country of Incorporation.

Year of Incorporation \_\_\_\_\_

Country of Incorporation \_\_\_\_\_

For trusts, this is country of establishment. For Clubs and Societies, this is country of formation.

Purpose of Non Resident Account: \_\_\_\_\_

Home Country Mailing Address: \_\_\_\_\_

Home Country Residential Address: \_\_\_\_\_

### D. FINANCIAL INFORMATION

1. Turnover

a. Your **Local sales turnover (OMR Million)**

Current \_\_\_\_\_ Projected \_\_\_\_\_

b. Your **Group sales turnover (OMR Million)**

Current \_\_\_\_\_ Projected \_\_\_\_\_

For Charities this should be the intended annual donations.

2. Name of the Group (Parent company) \_\_\_\_\_

Address \_\_\_\_\_

Is the parent group banking with HSBC Bank? ☐ Yes\* ☐ No

(If yes please advise Branch and account number)

HSBC Bank (Branch) \_\_\_\_\_

Account number \_\_\_\_\_

3. Approximate Annual Revenue in OMR: \_\_\_\_\_

4. Approximate Assets in OMR: \_\_\_\_\_

5. Principal source of funds used to initiate the company's relationship with HSBC: \_\_\_\_\_

6. Source of capital used to undertake the business relationship with HSBC: \_\_\_\_\_

7. Name of the Auditor \_\_\_\_\_

**E. GENERAL INFORMATION**

1. Please state the purpose for which the account(s) listed under Section A of this form is/are being used (for example receipt of salary, pensions, money transfer) and the expected value of receipts into the account monthly in OMR.

| Account Number(s) | Purpose of Account | Expected Value of Receipts (Monthly) in OMR |
|-------------------|--------------------|---|
|                   |                    |   |
|                   |                    |   |
|                   |                    |   |
|                   |                    |   |
|                   |                    |   |

2. Does your company intend to make cross border payments from your accounts?

☐ Yes\*    ☐ No

\*If Yes, please explain:

|   |  |
|---|--|
| The purpose of cross border payments, e.g. family remittance.             |  |
| The anticipated number of cross-border payments per month.                |  |
| The anticipated monthly value of cross- border payments in OMR.           |  |
| The countries that payments will be made to or received from.             |  |
| The currencies that cross border payments will be made in or received in. |  |

3. Does your company intend to make significant cash deposits?

☐ Yes\*    ☐ No

\*If Yes, please explain:

|   |  |
|---|--|
| Why the company makes significant cash deposits (e.g. the company is paid in cash). |  |
| The anticipated number of inbound payments per month.                               |  |
| The anticipated monthly value of inbound payments in OMR.                           |  |
| The currencies that payments will be received in.                                   |  |
| The anticipated number of outbound payments per month.                              |  |
| The anticipated monthly value of outbound payments in OMR.                          |  |
| The currencies that outbound payments will be made in.                              |  |

4. Please confirm if your company has gone through any Ownership change in the last 5 years or since opening your account with us?  
☐ Yes\*    ☐ No  
\*If Yes, please provide the related ownership change documents to the Bank separately to update Bank records if not already done so.
5. Please confirm if your company has gone through any Legal Entity status change in the last 5 years or since opening your account with us?  
☐ Yes\*    ☐ No  
\*If Yes, please provide the related mandate documents to the Bank separately to update Bank records if not already done so.
6. Please provide details of any other Personal or Business accounts you may have with HSBC both in Oman and abroad.

| Account Name | Account Number |
|--------------|----------------|
| 1.           |                |
| 2.           |                |
| 3.           |                |
| 4.           |                |
| 5.           |                |

7. Please list the Related firms/Subsidiaries if any:

**In Home Country:**

|             |             |
|-------------|-------------|
| <div></div> | <div></div> |
| <div></div> | <div></div> |
| <div></div> | <div></div> |

**Outside Home Country:**

|             |             |
|-------------|-------------|
| <div></div> | <div></div> |
| <div></div> | <div></div> |
| <div></div> | <div></div> |

8. Number of employees in the Company:

**F. COMMERCIAL INFORMATION**

1. Please list the products/services merchandised by the company.
- a.
- b.
- c.
- d.
2. Are you authorised dealers for any products/services? If yes, please list below:
- a.
- b.
- c.
- d.

3. Please list the country of origin of the products/services dealt by the company:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_
- e. \_\_\_\_\_

4. Please list the countries from where you source (import) the product along with percentages:

| Countries | Percentage of your total imports |
|-----------|----------------------------------|
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |

5. Please list the countries where you directly sell (export) the product along with percentages:

| Countries | Percentage of your total exports |
|-----------|----------------------------------|
|           |                                  |
|           |                                  |
|           |                                  |
|           |                                  |

6. Please list the ultimate destination of your products i.e. where your product would be re-exported to:

| Countries | Percentage of your total re-exports |
|-----------|-------------------------------------|
|           |                                     |
|           |                                     |
|           |                                     |
|           |                                     |

7. Please provide names of your Top 5 Buyers and Top 5 Suppliers in the space provided below:

| Buyers | Country |
|--------|---------|
|        |         |
|        |         |
|        |         |
|        |         |
|        |         |

| Suppliers | Country |
|-----------|---------|
|           |         |
|           |         |
|           |         |
|           |         |
|           |         |



8. What types of customer does your company deal with? E.g. Individuals, other businesses, government, public bodies. For Charities, Clubs and Societies this will be the types of organisations they deal with.

## G. CONTACT DETAILS

The below information will supersede all previous information provided and will be used for all future communication by the Bank.

|  |   |
|--|---|
| Correspondence Address<br><b>(As per Commercial Registration)</b>                  | P. O. Box: _____<br>Post Code: _____<br>Postal Area: _____<br>Country: _____  |
| Telephone Number   | Office 1: _____<br>Office 2: _____  |
| Fax  |   |
| Email  |   |
| Website/URL Address of the Company   |   |
| Primary Contact Person along with Contact Number                                   | Name: _____<br>Position: _____<br>Contact No: _____<br>Name: _____<br>Position: _____<br>Contact No: _____<br>Name: _____<br>Position: _____<br>Contact No: _____ |
| Company's physical address<br><b>Note:</b> Please attach location map if available | House/Flat No: _____<br>Building/Plot Name/No: _____<br>Way No: _____<br>Street (Name/No): _____<br>Area/Wilayat: _____<br>Nearest Landmark: _____                |

## H. OTHER BANKERS INFORMATION (IF ANY):

| Other Banks Used<br>(in Oman and outside Oman) | Purpose                         |                                 |                              |                           |
|--|---------------------------------|---------------------------------|------------------------------|---------------------------|
|  | Operating Account<br>(Yes / No) | Credit Facilities<br>(Yes / No) | Trade Services<br>(Yes / No) | Remittances<br>(Yes / No) |
| 1.   |                                 |                                 |                              |                           |
| 2.   |                                 |                                 |                              |                           |
| 3.   |                                 |                                 |                              |                           |
| 4.   |                                 |                                 |                              |                           |
| 5.   |                                 |                                 |                              |                           |

**I. DETAILS OF OWNERSHIP, DIRECTORS & AUTHORISED SIGNATORY(S) OF THE COMPANY**

1. Following are the IMMEDIATE OWNERS of the company with shareholding of 10% or more:

| Full Title and Name of Shareholder (as per Identity Card for Omanis and passport for Expatriates)* | Full Residential and P O Box Address of Shareholder | Identification Document Details **<br>(Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate/Company Registration for Companies)               | Country of Residence/ Country of Head Quarters | Shareholding /Ownership Percentage (%) |
|--|---|--|--|--|
|  |   | <div>ID/Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Company Registration No</div> <div>Nationality / Incorporation</div> <div>HSBC Customer Number</div> |  |  |
|  |   | <div>ID/Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Company Registration No</div> <div>Nationality / Incorporation</div> <div>HSBC Customer Number</div> |  |  |
|  |   | <div>ID/Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Company Registration No</div> <div>Nationality / Incorporation</div> <div>HSBC Customer Number</div> |  |  |

| Full Title and Name of Shareholder (as per Identity Card for Omanis and passport for Expatriates)* | Full Residential and P O Box Address of Shareholder | Identification Document Details **<br>(Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate/Company Registration for Companies)               | Country of Residence/ Country of Head Quarters | Shareholding /Ownership Percentage (%) |
|--|---|--|--|--|
|  |   | <div>ID/Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Company Registration No</div> <div>Nationality / Incorporation</div> <div>HSBC Customer Number</div> |  |  |
|  |   | <div>ID/Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Company Registration No</div> <div>Nationality / Incorporation</div> <div>HSBC Customer Number</div> |  |  |

\* For non-individuals – Please state Full name of the company (correspondence /short name will be same)

\*\*For Individuals – Please state Passport No., Identity/Resident Card Number, Date of Birth and Nationality.

\*\*For Companies – Please state Registration No. and Country of Incorporation. (Please provide Copy of Certificate of Incorporation).

2. **Following are the details of the INDIVIDUALS who ultimately beneficially own 10% or more of our Company (i.e. the entity opening/holding account with HSBC)** (Applicable only if corporate entities are shown as owners/ shareholders under Section1) (For names of Individuals already covered under Section1, please mention only the name and shareholding percentage)

**A Beneficial Owner is the natural person(s) who ultimately owns or controls a customer and/or person on whose behalf trans- action is being conducted. It also incorporates those persons, government, exchange listed owners and others who exercise ultimate effective control over a legal person or arrangement.**

| Full Title and Name of the ultimate beneficial owner (individual) holding 5% or more * (as per Identity Card for Omanis & passport for Expatriates) | Full Residential and P O Box Address the ultimate beneficial owner | Identification Document (Details of Identity Card for Omani national, Resident Card and Passport with valid Oman Visa page for Expatriate and Company Registration for companies, etc.)   | Ownership Percentage (%) |
|---|--|---|--------------------------|
|   |  | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>Company Registration No</div> <div>Country of Incorporation</div> <div>HSBC Customer Number</div> |                          |
|   |  | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>Company Registration No</div> <div>Country of Incorporation</div> <div>HSBC Customer Number</div> |                          |

| Full Title and Name of the ultimate beneficial owner (individual) holding 5% or more *<br>(as per Identity Card for Omanis & passport for Expatriates) | Full Residential and P O Box Address the ultimate beneficial owner | Identification Document<br>(Details of Identity Card for Omani national, Resident Card and Passport with valid Oman Visa page for Expatriate and Company Registration for companies, etc.)  | Ownership Percentage (%) |
|--|--|---|--------------------------|
|  |  | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>Company Registration No</div> <div>Country of Incorporation</div> <div>HSBC Customer Number</div> |                          |
|  |  | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>Company Registration No</div> <div>Country of Incorporation</div> <div>HSBC Customer Number</div> |                          |

\* For non-individuals – Please state Full name of the company (correspondence /short name will be same)

\*\* For Individuals – Please state Title first, followed by Family name and other given names. Please state Passport Number, Identity/Resident Card Number, Date of Birth and Nationality.

\*\* For Companies – Please state Registration No. and Country of Incorporation. (Please provide Copy of Certificate of Incorporation).

\*\* If any corporate entity stated under section 1 is listed in a stock exchange, please provide the details here along with documentary evidence.

3. Following are the details of the Directors of our company:

| Full Title and Name of the Director * | Full Residential and P O Box Address of the Director** | Country of Residence** | Identification Document Details of the Director **<br>(Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)                |
|---------------------------------------|--|------------------------|--|
|                                       |  |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|                                       |  |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|                                       |  |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|                                       |  |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |

| Full Title and Name of the Director * | Full Residential and P O Box Address of the Director** | Country of Residence** | Identification Document Details of the Director **<br>(Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)                |
|---------------------------------------|--|------------------------|--|
|                                       |  |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |

- \* Please state Title first, followed by Family name and other given names and position in the company (Share Holder/ Director/ Power Of Attorney holder)
- \*\* For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1 / 2 refers'
- \*\*\* Any changes in the mandate to be advised separately.

4. Details of Authorized Signatories for the account(s) of our company:(As advised to the Bank\*\*\*)

| Full Title, Name & Position in the Company of the Signatory * | Purpose of Access to each Account | Full Residential and P O Box Address of the Signatory** | Country of Residence** | Identification Document Details of the Signatory **<br>(Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)               |
|---|-----------------------------------|---|------------------------|--|
|   |                                   |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|   |                                   |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|   |                                   |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |



| Full Title, Name & Position in the Company of the Signatory *<br>(Full name as per Identity Card for Omanis and passport for Expatriates) | Purpose of Access to each Account | Full Residential and P O Box Address of the Signatory** | Country of Residence** | Identification Document Details of the Signatory **<br>(Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)               |
|---|-----------------------------------|---|------------------------|--|
|   |                                   |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|   |                                   |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |

\* Please state Title first, followed by Family name and other given names and position in the company (Share Holder/ Director/ Power Of Attorney holder)

\*\* For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1 / 2 refers'

\*\*\* Any changes in the mandate to be advised separately.

5. Details of Other Influential parties in our company (E.g. Chief Financial Officer, Chief Operating Officer):

**(As advised to the Bank\*\*\*)**

| Full Title, Name & Position in the Company *<br>(Full name as per Identity Card for Omanis and passport for Expatriates) | Full Residential and P O Box Address of the Signatory** | Country of Residence** | Identification Document Details of the Signatory **<br>(Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)               |
|--|---|------------------------|--|
|  |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|  |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |
|  |   |                        | <div>ID /Resident Card Number</div> <div>Passport Number</div> <div>Date of Birth</div> <div>Nationality</div> <div>Country of Residence</div> <div>HSBC Customer Number</div> |

\* Please state Title first, followed by Family name and other given names and position in the Company (Share Holder/ Director/ Power Of Attorney holder)

\*\* For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1 / 2 refers'

\*\*\* Any changes in the mandate to be advised separately.

6. **Following are the Political Persons of the Owners/Directors/Signatories listed above:** (Political Person is a person who is or has been a senior official in the Executive, Legislative, Administrative, Military or Judicial sectors of a Government and his/her close associates / immediate family members are or have been in such a position)

| Title and Name in Full<br>(as per Identity Card for Omanis and passport for Expatriates) | Position Held in the Company (Shareholder/ Director/Signatory) | Position held in the Government<br>Please mention Government Department<br>(to be completed if the Owner / Director / Signatory/ Influential Party is a Political Person) | If an immediate Family Member or Close Associate of person is a Political Person, please mention details:<br>Name, Position held, Name of Government Department, Relationship with the Owner / Director / Signatory |
|--|--|---|---|
|  |  |   |   |
|  |  |   |   |
|  |  |   |   |

By completing/declaring the details above:

- I hereby certify that all information provided herein above are true and correct as of the signature date.
- I undertake to notify the bank of any changes to the information provided.

Signature of Authorized Signatory (As per Bank’s Records): \_\_\_\_\_

Name of the Authorized Signatory: \_\_\_\_\_

Position in the Company: \_\_\_\_\_

Date: \_\_\_\_\_ Company Stamp: \_\_\_\_\_