

Know Your Customer (KYC) Form

Instructions on how to fill this form:

- Please leave one space blank between two words
- Please do not use any abbreviations

PERSONAL DETAILS

Name (as per your passport):

HSBC Primary Account number:

Nationality:

Country of residence:

CONTACT DETAILS

Current Residential Address

Flat no. / Villa no.:

Building name / Street name:

Area:

City:

Country:

Current mobile telephone number:
eg. Country code_Area Code_Number

Current home telephone number:
eg. Country code_Area Code_Number

Current office telephone number:
eg. Country code_Area Code_Number

Email address:

Correspondence / Mailing Address

Same as current residential address: Yes No If not, please enter your current mailing address below:

Flat no. / Villa no. / Office Name:

Building name / Street name:

Area:

City:

Country:

Home Country Address

Same as current residential address: Yes No If not, please enter your home country address below:

Flat no. / Villa no.:

Building name / Street name:

Area:

City: _____
Country: _____

EMPLOYMENT / FINANCIAL DETAILS – SOURCE OF FUNDS

Type of Employment

Salaried Student Housewife Self-employed Not employed

Other (please specify):

Employer / Company name: _____

Employer / Company Address

Building name / Street name: _____

Area: _____

City: _____

Country: _____

Current Job Designation: _____

Regular monthly income (in local currency): _____
(Salary plus all monthly allowances in local currency)

Local currency name:

Other income (in local currency): _____
(Monthly income from all other sources)

Source of other income

Rental income Partnership in business Investment proceeds

Other (please specify):

IMPORTANT INFORMATION

A. The supporting documents required along with this form are:

- 1) Passport
- 2) Residence Visa page (non GCC national only)
- 3) Local ID - Smart card / CPR with smart card printout

Please also carry the originals of all the above mentioned documents.

B. In case of Joint Accounts, a separate declaration should be completed for each Joint Account holder.

C. Signature of the Primary Account holder *(Please sign within the box provided below)*

Dated this ____ day of _____ of the year 20__

FOR BANK USE ONLY

Reviewer Details

- Staff Name
- Staff ID
- Designation