

Customer Number: _____	Branch: _____	Date: _____
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Personal Information	
Full Name:	
ID Type: <input type="checkbox"/> Passport <input type="checkbox"/> Civil ID    Others (please specify):	
ID Number :	Place of Issue (ID):
ID Expiration Date:	Register:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Mother's Name:	
Nationality:	<input type="checkbox"/> Other Nationalities
Country of Origin:	
Other country (ies) of Tax Residence	<input type="checkbox"/> Yes (please list below) <input type="checkbox"/> No
Status in country :	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Other
Place of Birth:	
Date of Birth:	Date of Attaining Majority (Minor):
Marital Status :	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
If Married, Spouse name:	
Spouse Profession:	
Number of children:	
Education Level:	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Others, please specify:
Primary Address (Home)	
Postal / Mailing Address:	
Other International Address (Include mailing / postal):	
Home Telephone Number in country of residence-(include country code):	
Mobile Number (include country code):	
Phone Number - Other Countries (include country code)	
Email Address:	
Alternate/ Emergency Contact Person's name:	
Phone Number (include country code):	

Customer Signature

Occupation / Employment Details:	
Select as appropriate:	<input type="checkbox"/> Employee <input type="checkbox"/> Business Owner <input type="checkbox"/> Independent Professions <input type="checkbox"/> Retired <input type="checkbox"/> Others (please specify):
For Employees / Business Owner	
Employer/Entity Name:	
Employer/Entity Address:	
Activity Sector:	
Country / ies of Activity:	
Listed on Stock Exchange:	<input type="checkbox"/> Yes <input type="checkbox"/> No           Name of Stock Exchange:
Job Title:	Tenure/Service with Current Employer:
Work Telephone Number (include country code):	
Work Fax Number (include country code):	
For Business Owner	
Main Shareholders (%):	
For Independent Professions / Retired Persons	
For Independent Professions Business Activity:	
For Retired Persons Previous Business Activity:	
Income / Wealth Details	
Monthly Basic Salary:	
Monthly Allowances:	
Other Income Sources:	<input type="checkbox"/> Real Estate / Land (Rental Income) <input type="checkbox"/> Trading <input type="checkbox"/> Private Business <input type="checkbox"/> Investment/Shares <input type="checkbox"/> Others (please specify):
Total Estimated Monthly Income from sources mentioned above:	
Home in Country of Residence:	<input type="checkbox"/> Complete ownership <input type="checkbox"/> Owned (currently paying instalments) <input type="checkbox"/> Rented <input type="checkbox"/> Living with Parents
Home in Country of Nationality:	<input type="checkbox"/> Complete ownership <input type="checkbox"/> Owned (currently paying instalments) <input type="checkbox"/> Rented <input type="checkbox"/> Living with Parents
Total Wealth Estimated Amount:	
Is your Wealth Inherited:	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, Name of the person wealth is acquired from:	Nationality:
If No, please specify the source of your wealth:	Relationship:

Customer Signature

Political Exposed Persons Details	
Does the individual exercise or has exercised any political function:	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes, please specify: _____	
<input type="checkbox"/> Royal Family	<input type="checkbox"/> Member of Parliament
<input type="checkbox"/> Diplomat	<input type="checkbox"/> Senior Military
<input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Senior Government Officer
Tenure in current role (since when):	
Tenure in old role (until when):	
Does any of the account holder's family members (parents, descendants, spouses, siblings, brothers/sisters in law, ...), relatives, close friends or associates, exercise or has he/she exercised a public function? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Relative Name:	Relationship:
Position Held:	Duration (since when):

TRANSACTION PROFILE			
Reference Currency:			
Estimated incoming funds transactions	<input type="checkbox"/> Cash <input type="checkbox"/> Cheques	Estimated outgoing funds transactions	<input type="checkbox"/> Cash <input type="checkbox"/> Cheques
Frequency:	<input type="checkbox"/> Wire Transfer <input type="checkbox"/> Others	Frequency:	<input type="checkbox"/> Wire Transfer <input type="checkbox"/> Others
<input type="checkbox"/> Monthly	Expected incoming funds - country of origin:	<input type="checkbox"/> Monthly	Expected outgoing funds - country of destination:
<input type="checkbox"/> Annual		<input type="checkbox"/> Annual	
Number of incoming Transactions:		Number of outgoing Transactions:	
Total amount from incoming Transactions:		Total amount from outgoing Transactions:	

Expected incoming funds at the beginning of the relationship - First Transaction:	
Detailed explanation on the origin of funds	
<input type="checkbox"/> Cash	<input type="checkbox"/> Cheques
<input type="checkbox"/> Wire Transfer	<input type="checkbox"/> Others
Origin of the funds:	Amount:
	Provenience of funds (from which financial institution):
Target account size / Estimated holdings during next 12 months :	
Ceiling Limits:	
Exemption : <input type="checkbox"/> Yes <input type="checkbox"/> No	

Customer Signature

Other Known Bank Accounts		
Do you have Bank accounts with other Local/International Banks? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes", please provide the following details:		
Bank where the account is opened	Country	Account Value (CCY)

Purpose of opening account: \_\_\_\_\_

Nature of relation: \_\_\_\_\_

Identification of all persons and Legal Entities related to the account				
Contents	Number of Related Parties to the Account			
Person or Legal Entity Name				
Type of Account Relationship*				
Relationship between the individuals**				
Country of Residence				
Address in country of residence				
Phone number (include country code)				
ID Type , ID Number and Place of Issue				
ID Expiration Date				
Nationality / ies				
Occupation / Activity				
*Please specify whether its account holder, beneficial owner, Guardian, power of attorney, etc.				
**Describe the relationship between account holders, beneficial owner/s and other individuals, and specify the type of operations each individual is allowed to execute on the account				

Customer Signature

Customer Declaration		
<p>I/We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. I undertake to inform the National Bank of Kuwait (Lebanon) S.A.L. ("the Bank") in writing of any changes to the information already provided and to update the information on this form whenever requested to do so by the Bank.</p> <p>I/We hereby declare that, in the event of my/our being subject to any foreign tax laws requiring information to be shared by the Bank with the foreign government to whose tax laws I am/we are subject, or with its representatives, I/we explicitly agree to the Bank's full compliance with such foreign government's instructions and requests for information without the Bank's need to notify me/us or to seek my/our additional consent. I understand and acknowledge that this declaration is with respect to all of the Bank's products and account types (including corporate, joint, and/or individual accounts) and covers transactions, balances, supporting information, and any enquiries from the requesting government or its representatives.</p> <p>To facilitate the Bank's compliance with the foreign tax laws to which I am/we are subject, I/We hereby undertake to provide the Bank with any documentation requested by the foreign government to whose tax laws I am/we are subject, or to its representatives. I/We further agree to provide and/or update the above-referenced documents as and when required by the terms and conditions set by the foreign tax authority to which I am/we are subject, and whenever any changes occur to my/our tax situation.</p> <p>I/We hereby release the Bank from the stipulations of the Lebanese banking secrecy law of 3 September 1956 and its amendments, particularly article 2 thereof, for the purpose of abiding by the U.S. Foreign Account Tax Compliance Act "FATCA" in addition to the Common Reporting Standards (CRS) and their amendments, and I/We hereby authorize the Bank to provide the U.S. Internal Revenue Service "IRS" with the required information as per the provisions of FATCA and authorize the Bank to provide data to SIC related to CRS.</p> <p>I understand and agree that this declaration is final and irrevocable, and that it is not subject to cancellation or amendments.</p>		
Customer Name:	Signature:	Date:

For Bank Use only		
Relationship Officer Name:	Signature:	Date:
Branch Manager Name:	Signature:	Date:
Compliance Officer Name:	Signature:	Date:
General Manager Name:	Signature:	Date:

Customer Signature