

## NBK Group CUSTOMER INFORMATION FORM

Please fill ALL fields below otherwise fill N/A in the fields that are not applicable

Branch Location: NBK ( )

Individual  
  Joint Holder  
  Authorised Signatory  
  Guardian  
  Attorney  
  Other: \_\_\_\_\_

### 1. INDIVIDUAL PROFILE

#### Personal Information

|  |   |   |
|--|---|---|
| Account Number:  |   |   |
| Full Name:   | (First)   | (Middle)                                  |
| (Last)   |   |   |
| ID Type:   | <input type="checkbox"/> Passport <input type="checkbox"/> Civil ID <input type="checkbox"/> Military ID <input type="checkbox"/> Diplomatic ID <input type="checkbox"/> Others (please specify): |   |
| ID Number :  | <i>Place of Issue (ID):</i>   |   |
| ID Expiration Date:  |   |   |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |   |   |
| Nationality/(ies):   |   |   |
| Country of Origin:   |   |   |
| Place of Birth   |   |   |
| Date of Birth  |   |   |
| Other country (ies) of Tax Residence   |   |   |
| <input type="checkbox"/> Yes (please list below) <input type="checkbox"/> No   |   |   |
| Country  | <i>Tax Identification Number</i>  | <i>Residency ID # : (e.g. Green card)</i> |
| Status in country of Account Opening: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Other         |   |   |
| 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:  |   |   |

|                       |
|-----------------------|
| Customer's Signature: |
|-----------------------|

|  |  |
|--|--|
| Education Level: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Graduate<br><input type="checkbox"/> Post Graduate <input type="checkbox"/> Others, please specify: |  |
| <b>Primary Address (Home)</b>  |  |
| <b>Postal / Mailing Address</b>  |  |
| <b>Other International Address</b><br><i>Include mailing / postal</i>  |  |
| <b>Home Telephone Number in country of residence- (include country code)</b>   |  |
| <b>Mobile Number (include country code)</b>  |  |
| <b>Phone Number – Other Countries (include country code)</b>   |  |
| <b>Email Address</b>   |  |
| <b>Alternate/ Emergency Contact Person's name:</b><br><b>Phone Number (include country code):</b>  |  |
| <b>Occupation / Employment Details</b>   |  |
| Select as appropriate: <input type="checkbox"/> Employee <input type="checkbox"/> Business Owner <input type="checkbox"/> Independent Professions <input type="checkbox"/> Retired<br><input type="checkbox"/> Others (please specify):            |  |

**For Employees**

|                         |  |
|-------------------------|--|
| <b>Employer Name</b>    |  |
| <b>Employer Address</b> |  |
| <b>Activity Sector:</b> |  |

|                              |
|------------------------------|
| <b>Customer's Signature:</b> |
|------------------------------|

|   |  |
|---|--|
| <b>Country / ies of Activity:</b>   |  |
| Listed on Stock Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No      Name of Stock Exchange: |  |
| <b>Job Title</b>  |  |
| <b>Work Telephone Number (include country code)</b>   |  |
| <b>Work Fax Number (include country code)</b>   |  |

**For Business Owner**

|  |  |
|--|--|
| <b>Entity Name :</b>   |  |
| <b>Address :</b>   |  |
| <b>Activity Sector:</b>  |  |
| <b>Country / ies of Activity:</b>  |  |
| Listed on Stock Exchange: <input type="checkbox"/> Yes <input type="checkbox"/> No      Name of Stock Exchange:  |  |
| <b>Main Shareholders (%):</b>  |  |
| <b>Job Title:</b>  |  |
| <b>Work Telephone Number (include country code):</b>   |  |
| <b>Work Fax Number (include country code):</b>   |  |
| <b>Detailed description about customer's nature of business, years in business, location(s) of counterparties, countries with which business will be carried on etc.</b> |  |

**Customer's Signature:**

|  |
|--|
|  |
|--|

**For Independent Professions**

|                                 |
|---------------------------------|
| <b>Description of Activity:</b> |
|---------------------------------|

**For Retired Persons**

|  |
|--|
| <b>Description of Activity (if any ) engaged in:</b> |
|--|

**Income / Wealth Details**

|   |  |
|---|--|
| <b>Monthly Basic Salary</b>   |  |
| <b>Monthly Allowances</b>   |  |
| <b>Other Income Sources:</b> <input type="checkbox"/> Real Estate / Land (Rental Income) <input type="checkbox"/> Trading <input type="checkbox"/> Private Business<br><input type="checkbox"/> Investment/Shares <input type="checkbox"/> Others (please specify): |  |
| <b>Total Estimated Monthly Income from sources mentioned above</b>  |  |
| <b>Home in Country of Residence:</b> <input type="checkbox"/> Complete ownership <input type="checkbox"/> Owned(currently paying instalments)<br><input type="checkbox"/> Rented <input type="checkbox"/> Living with Parents                                       |  |
| <b>Home in Country of Nationality:</b> <input type="checkbox"/> Complete ownership <input type="checkbox"/> Owned(currently paying instalments)<br><input type="checkbox"/> Rented <input type="checkbox"/> Living with Parents                                     |  |
| <b>Car :</b> <input type="checkbox"/> Complete ownership <input type="checkbox"/> Owned (currently paying installments) <input type="checkbox"/> No car   |  |
| <b>Model/ Year of manufacturing (incase owned):</b>   |  |
| <b>Total Wealth Estimated Amount</b>  |  |

|                              |
|------------------------------|
| <b>Customer's Signature:</b> |
|------------------------------|

Is your Wealth Inherited:  Yes  No

If Yes, Name of the person wealth is acquired from:

Nationality:

Relationship:

If No, please specify the source of your wealth:

#### Other Known Bank Accounts

Do you have Bank accounts with other Local/International Banks?  Yes  No

If "Yes", please provide the following details:

| Bank where the account is opened | Country | Account Value (CCY) |
|----------------------------------|---------|---------------------|
|                                  |         |                     |
|                                  |         |                     |
|                                  |         |                     |
|                                  |         |                     |

#### Political Exposed Persons Details

Does the individual exercise or has exercised any political function:  Yes  No

If yes, please specify:

Royal Family  Member of Parliament  Senior Military  Senior Government Officer

Diplomat  Others(please specify):

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?  Yes  No

Relative Name :

Relationship:

Position Held:

Duration (since when):

## 2. TRANSACTION PROFILE

|   |                               |                                  |   |   |  |
|---|-------------------------------|----------------------------------|---|---|--|
| <b>Reference Currency:</b>  |                               |                                  |   |   |  |
| <b>Estimated incoming funds transactions</b><br>Frequency:<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annual | <b>No. of transactions:</b>   |                                  | <b>Estimated outgoing funds transactions</b><br>Frequency:<br><input type="checkbox"/> Monthly<br><input type="checkbox"/> Annual | <b>No. of transactions:</b>                                 |  |
|   | Total Amount                  |                                  |   | Total Amount  |  |
| <b>Description of transactions nature:</b>  |                               |                                  |   |   |  |
| <b>Expected incoming funds – type</b>   | <input type="checkbox"/> Cash | <input type="checkbox"/> Cheques | <input type="checkbox"/> Wire Transfers   | <input type="checkbox"/> Others (securities transfer, etc.) |  |
| <b>Expected incoming funds – country of origin</b>  | 1.                            | 2.                               | 3.  | 4.  |  |
| <b>Expected outgoing funds - type</b>   | <input type="checkbox"/> Cash | <input type="checkbox"/> Cheques | <input type="checkbox"/> Wire Transfers   | <input type="checkbox"/> Others (securities transfer, etc.) |  |
| <b>Expected outgoing funds – country of destination</b>   | 1.                            | 2.                               | 3.  | 4.  |  |

**Expected incoming funds at the beginning of the relationship – First Transaction:**

|   |                             |   |
|---|-----------------------------|---|
| <b>Detailed explanation on the origin of funds</b>                      |                             |   |
| <b>Cash</b>   | <b>Origin of the funds:</b> | <b>Amount:</b><br><b>Provenience of funds (from which financial institution):</b> |
| <b>Cheques</b>  | <b>Origin of the funds:</b> | <b>Amount:</b><br><b>Provenience of funds (from which financial institution):</b> |
| <b>Wire Transfers</b>   | <b>Origin of the funds:</b> | <b>Amount:</b><br><b>Provenience of funds (from which financial institution):</b> |
| <b>Others</b>   | <b>Origin of the funds:</b> | <b>Amount:</b><br><b>Provenience of funds (from which financial institution):</b> |
| <b>Target account size / Estimated holdings during next 12 months :</b> |                             |   |
| <b>Ceiling Limits:</b>  |                             |   |
| Exemption : <input type="checkbox"/> Yes <input type="checkbox"/> No    |                             |   |

|                              |
|------------------------------|
| <b>Customer's Signature:</b> |
|------------------------------|

### 3. ACCOUNT PROFILE

|                                 |              |
|---------------------------------|--------------|
| Customer Number:                |              |
| Account Number:                 | Branch Name: |
| Relationship Manager in charge: |              |
| Nature of Relationship:         |              |
| Purpose of Account Opening:     |              |

#### 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 Declaration

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 (“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.

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.

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.

I understand and agree that this declaration is final and irrevocable, and that it is not subject to cancellation or amendments.

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: