

NON-PERSONAL ACCOUNT
OPENING FORM



PRIVATE
BANKING

بيت التمويل الكويتي
Kuwait Finance House
البحرين ش.م.ب (م) (S.C.) Bahrain



Kuwait Finance House-Bahrain
Bahrain World Trade Center
West Tower
P.O. Box 2066, Manama
Kingdom of Bahrain
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ACCOUNT DETAILS

Current BHD USD GBP Euro Other(Specify) _____
 Savings BHD USD GBP Euro Other(Specify) _____
 Electronic BHD USD GBP Euro Other(Specify) _____
 Libshara BHD USD
 Call BHD USD
 Anticipated Profit Rates (≥ BD 100k or equivalent) _____ (< BD 100k or equivalent) _____

BANKS MUDHARIB PROFIT SHARE

Account Type	BD	USD	GBP	EUR
<input type="checkbox"/> Saving	95%	95%	95%	95%
<input type="checkbox"/> Libshara	-	-	95%	95%

* The Bank may in its absolute discretion change the future percentages from time to time and may be known from the Bank upon request or from the Bank's website.

Kuwait Finance House-Bahrain (the 'Bank') will invest funds deposited in Unrestricted Investment Accounts with its own funds in the Bank's general assets portfolio ("General Portfolio").

Any profit that is generated from the General Portfolio will be distributed according to the investment period as per the Bank's Policy. The schedule above illustrates types of Unrestricted Investment Accounts and the Bank's profit share as Mudharib.

SELF EMPLOYED / LEGAL ENTITIES

Name: _____ Legal Form: _____
 Date of Incorporation dd / mm / yy Place of Incorporation: _____ CR No. _____
 Parent Company Name (if any): _____ Parent Company Location: _____
 Nature of Activities and Operation (Detailed): _____
 Anticipated Monthly Income: _____ Name of External Auditor (if any): _____
 Regulatory Body (if any): _____ Listing Body (if listed): _____
 Please specify if
 - The entity has been or is in the process of being wound up, dissolved, struck off, or liquidated Yes No
 - The funds or part of the fund to be credited in the account is a pooled fund. Yes No
 Please specify if the customer activity/business involves any of the following:
 Hotels Money Changers/Remitters Auctioneers Real Estate Car Dealer Brokers Cash Intensive Business Funds Manager
 Jewelers (or dealers in precious stones, metal or high value movable items) Lawyers, Notaries, Accountants, Auditors Arms Dealer
 Primary Contact Name _____
 Bank Statement by Email¹ Yes No Email: _____ Tel: _____ Fax: _____
 1. Company Contact Person: _____ Designation: _____ Tel: _____
 2. Company Contact Person: _____ Designation: _____ Tel: _____
 Mailing Address (If different than Permanent): _____
 Purpose of Account Opening: _____
 If non-resident, please state the reason for opening an account in Bahrain: _____
 Source of Fund²: _____
 PEP Business Yes No PEP Name: _____
 Position held: _____

- KFHB will not be responsible for damages sustained due to unauthorized access to any electronic account statement, inability to access or receive any electronic account statement due to computer, email or internet problems or any hardware or software failure or occurrence of any other force majeure event.
- Reference is made to the Central Bank of Bahrain Rulebook/Volume 2/ FC Module/ FC-1.2.1 and FC-1.2.7 Islamic bank licensees must obtain and record the source of funds, before providing financial services of any kind.
- "Politically Exposed Persons" mean individuals who are, or have been, entrusted with prominent public functions in Bahrain or a foreign country, such as Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials. The definition is not intended to cover middle-ranking or more junior officials in the foregoing categories.

COMPANY PROFILE

Shareholders holding (Top 5)

Shareholder Name	ID Number	Nationality	% of Shareholding

Directors

Director's Name	ID Number	Nationality	Country of Residence

Authorised Signatories

Authorised Signatories Name	ID Number	Nationality	Country of Residence

ANTICIPATED BANKING TRANSACTIONS*

Cash Deposits	<input type="checkbox"/> High <input type="checkbox"/> Low	Inward international money transfers	<input type="checkbox"/> High <input type="checkbox"/> Low
Cash Withdrawals	<input type="checkbox"/> High <input type="checkbox"/> Low	Countries Names/Reason _____	
Cheque Deposits	<input type="checkbox"/> High <input type="checkbox"/> Low	Outward international money transfers	<input type="checkbox"/> High <input type="checkbox"/> Low
Cheque Withdrawals	<input type="checkbox"/> High <input type="checkbox"/> Low	Countries Names/Reason _____	
Internal transfer to other banks in Bahrain	<input type="checkbox"/> High <input type="checkbox"/> Low		

*Based on the expected volume of each type of transaction compared to the volume of all your transactions.

FATCA & CRS DECLARATION (ENTITY)

RIM:

Please refer to the FAQ document for definitions of the terms used below. For details on tax residency of a country please refer to OECD site <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency> or contact your tax advisor.

Please tick "YES" or "NO" to the following questions (as applicable):

No	US Status evaluation criteria	YES	NO	If YES, submit
I	Is the entity a Financial Institution?			Form W-8BEN-E (or Form W-9 for US FIs)
II	Is the entity a US Entity?			Form W-9
III	Is the entity an investment entity located in a non-participating jurisdiction and managed by another Financial Institution?			Controlling Persons Form
IV	a) Is the entity an Active Non-Financial Entity (NFE)?			No documents required
	b) Are there any US persons owning 10% or more of the Active NFE?			Form W-8BEN-E
V	a) Is the entity a Passive Non-Financial Entity (NFE)?			Controlling Persons Form
	b) Are there any US persons owning 10% or more of the Passive NFE?			Controlling Persons Form And Form W-8BEN-E
VI	Please complete the following table indicating: <ul style="list-style-type: none"> where the Account Holder is tax resident and the Account Holder's TIN for each country/jurisdiction indicated. 			

If a TIN is unavailable please provide the appropriate reason **A, B** or **C** where indicated below:

Reason A The country where Account Holder is liable to pay tax does not issue TINs to its residents.

Reason B The Account Holder is otherwise unable to obtain a TIN or functional equivalent (please explain why Account Holder is unable to obtain a TIN in the table below if you have selected this reason).

Reason C No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

	Country/Jurisdiction of tax residence	TIN	If no TIN available tick the Reason			Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.
			A	B	C	
1						
2						
3						

Declarations and Signature

- I/We hereby confirm the information provided above is true, accurate and complete.
- Subject to applicable local laws, I/we hereby consent for the bank or any of its affiliates (including branches) (collectively "the Bank") to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.
- I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/we have provided to the Bank.

Name of Authorized Signatory Signature Date

ACKNOWLEDGEMENT

- I/We hereby confirm that I/we are acting on my/our behalf as account holder, or
- I/We hereby confirm that I/we are authorized to act on behalf of the account holder and my/our relationship with the account holder is as declared by myself/ourselves below:

Name _____ ID _____ Relationship _____

By signing below, I/we confirm that the information above is correct, and I/we undertake to promptly notify KFH-Bahrain if any change occurs to any of the information provided. I/we also confirm that I/we have received, read and understood the Terms and Conditions of the Account Opening & Operation, internet banking, authority & indemnity for electronic transactions, and banking terms and conditions for Wealth Management & Private Banking Clients which may be amended from time to time by KFH-Bahrain. I/we hereby agree to be bound by these and all other applicable terms and conditions in force at any time upon my account. I hereby consent for Kuwait Finance House B.S.C.(c) or any of its holding companies, its affiliates or subsidiaries (collectively "the Bank") to share my information with domestic and overseas tax authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I/we declare that I/we am/are not a parent, spouse or child of an employee of the Bank (for Libshara accounts).

Date dd / mm / yy

Signing: Singly Jointly (any two) Others _____
 As per board resolution dated _____

1.	2.	3.	4.

FOR BANK USE ONLY

Signature Upload

RIM No _____ A/C Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A/C Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

A/C Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature Upload	
Maker	Checker

Relationship Manager _____ Signature _____ dd / mm / yy

Department Head Approval _____ Signature _____ dd / mm / yy

Executive Manager Approval _____ Signature _____ dd / mm / yy
 (For PEP only)

A- INTERNET BANKING Yes No Login ID (6-16 characters) _____ Number of Users _____
(READ ONLY)

B- AUTHORITY & INDEMNITY FOR ELECTRONIC TRANSACTIONS Yes No

Sr.	Name	Telephone	Mobile	Fax	Email
1					
2					
3					

C- CHEQUE BOOK REQUEST Yes No

Account Name: _____

Account Number

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Number of cheque books _____

D- COURIER MAILING DETAILS

Name of Authorised Person: _____ CPR no. _____ Mobile: _____

Mailing Address (if different than Permanent): _____

I/We fully understand the nature and implication of signing this application form and I confirm that I/We have had the opportunity to seek independent professional advice prior to signing and submitting this application.

I/We declare that all the particulars and informations provided in this applications form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/We have not withheld any information.

I/We hereby authorise KFH-Bahrain to contact other sources to obtain and/or verify information about me/us. I/We understand, accept and agree that KFH-Bahrain reserves the right to decline this application without giving any reason.

Customer Name

Signature

Date

Bank Use Only

Relationship Manager Name: _____ Signature _____ Date _____

Approved by _____ Signature _____ Date _____

Inputed by _____ Signature _____ Date _____

