

## Know Your Customer Application Form (Individuals)

Date: .....

### ❖ Customer Identity Details

Name in English			
Date and Place of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality(1)		Nationality(2)	
ID Card Type		National Number	
ID Card Number		Expiry Date	
Social Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other .....
Number of Children		Mother's Name	

### ❖ Job/Business Details

Job/Business Type	<input type="checkbox"/> Private	<input type="checkbox"/> Governmental	<input type="checkbox"/> Others .....
Profession			
Job Description			

### ❖ Current Residential Address

Apartment/Building Number:		Street Name:	
Nearest Land Mark:		District:	
City:		Country:	
Mobile Number:		Email:	

### ❖ Relationship with company

Purpose of Relationship		The Beneficial Owner	
Are any of your accounts managed through a power of attorney		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Type of Power of Attorney	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Others .....
Issuig Date		EXP Date	
Name of attorney	Nationality	National / Passport No.	Date of Birth

### ❖ PEP's Customer Category

Did you or any of your relatives occupy political position, ore were you a member in any political party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

❖ **FATCA:**

Do you hold a U.S citizenship?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Place of Birth		U.S Tax Number (TIN)	
Were you born in the state of America, but you do not hold a U.S citizenship?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, kindly clarify			
Do you hold a Green Card?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever lived in the United States of America?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, for how long			

- I hereby declare that the information given herein are true, correct and complete. I furthermore undertake to promptly inform MedGulf of any changes to the information provided hereinabove.

Name:

Date:

Signature:

.....

❖ **For Company Use Only**

**Broker Name and Signature:**

**Employee Name and Signature:**