

## Know Your Customer Application Form (Corporate)

Date: .....

### ❖ Company's Details:

Company's Name in English			
Company's Name in Arabic			
Legal Form	<input type="checkbox"/> Public Shareholding Company <input type="checkbox"/> Private Shareholding Company <input type="checkbox"/> Joint Liability Company <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Others.....		
Tax Number		Registration Number	
Date of Registration		Country of Registration	
Nationality		Company's National Number	
Commercial Name			
Certificate of incorporation No		Date of Certificate of incorporation	
Residency Indicator	<input type="checkbox"/> Local Company <input type="checkbox"/> Foreign Operating Company <input type="checkbox"/> Foreign non- Operating Company		
Country of Residence		The Company's Capital	

### ❖ Company/ Single Establishment Address and Contact Details:

Office Number		Building Number	
Street Name		Nearest Land Mark	
District		City	
Country		Landline Number	
Mobile Number		Email	

### ❖ Board of Director's Members:

Name (Four Parts)	Job Position/Title	PEP's	
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Yes	<input type="checkbox"/> No

### ❖ Relationship with Company:

Purpose of Relationship		The Beneficial Owner	
-------------------------	--	----------------------	--

❖ **Authorized Signatories Details:**

Name (Four Parts)	Nationality	National/ Passport No.	Date of Birth	Job Position/Title	US Resident	PEP`s
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

❖ **Power of Attorney Details:**

Type of Attorney	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Others: .....
Issuance Date		Expiry Date	
Attorney's Name	Nationality	National/ Passport No.	Date of Birth

- 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.

Date: .....

Name

Name

Name

Name

Signature

Signature

Signature

Signature

❖ **For Company Use Only**

**Broker Name and Signature:**

**Employee Name and Signature:**