

"Know Your Customer" Form - Commercial

1/4

Date : _____

For Corporates / Companies

Section (A) - General Information

Legal Name (As per the CR)			
Trading Name (if it is different than above)			
The unified Commercial Register number			
Commercial Register Number		Expiry date	__/__/__
License No. (If Applicable)		Expiry date	__/__/__
MISA Certificate No. (If Applicable)		Expiry date	__/__/__
Trading Name (if it is different than above)			
Source of fund (commercial operation, loans, Salary, other please specify)			
Branches			
Number of Employees (As per GOSI)		Annual Income	
Real Benefactor <small>* Is an individual who owns or exercises final effective direct or indirect control over the client or the individual on whose behalf the transaction takes place, or over financial institutions, designated non-financial businesses and professions, non-profit organizations, or any legal person</small>	1- _____ 2- _____ 3- _____		
Classification of the organization : Large <input type="checkbox"/> Medium Enterprise <input type="checkbox"/> Small Enterprise <input type="checkbox"/>			
Is your Company a related party to Tawuniya? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, apply the needed documents to the compliance team at Tawuniya.			

Section (B) - Contacts Details

Tel.		Mobile		Fax	
Email		Website			

National Address /WASEL

Zone		City		District		Street	
Building No.		Unit No.				Additional No.	

Section (C) - Bank Account Details

Note: This Bank account will be used for premiums and claims payment.

Account Name		Account No.	
Bank Name		City	

Section (D) - Policyholder's Authorized Attorney (if any)

Name		Date of Expiry	
ID Card No.		National Address	
Date of Birth		Place of Birth	
Contact No.		Relationship	
Type of Authorization	Power of Attorney <input type="checkbox"/> Authorization Letter <input type="checkbox"/> *Please provide us with the authorization documents.		

Section (E) Payer's Particulars

The source of insurance premiums form should be fulfilled in case there is any difference between the payment information and policy holders' information registered in the company's system. Note of the fact that the payer does not have the right to request any modification or alteration in the policy.

The same person <input type="checkbox"/> Another person <input type="checkbox"/> * (in case of identification with another person, please fill in the information below)			
Name		ID Card No.	
Nationality		Relationship	
Payment Justifications			

Section (F) Owners/Partners Information

Note: Please list down all of the shareholders who own 5% or more.

Name	ID number	Birth Date	Ownership%	Relation	Nationality

Section (G) – Managers and Board of Directors

Name	ID number	Nationality	Mobile	Tel	Email

Section (H) – Contact Persons

	First Contact Person	Second Contact Person (If Available)
Name		
ID Card No.		
Nationality		
Mobile		
Tel		
Email		

Section (I) – Supporting Documents

Please attach the following documents:

- A copy of the Commercial Registration "CR"
- A copy of MISA Certificate (If Applicable)
- A copy of the Business License (If Applicable)
- A copy of the ID / IQAMA of the Actual Beneficiary
- A copy of the ID / IQAMA for the person that will be dealing with Tawuniya for Insurance Policies
- A copy of the Authorization Letter
- A copy of the Company IBAN Certificate / Card
- A copy of the Article of Association (For Charites only)
- A copy of the Board Approval on dealing with Tawuniya on the relevant Insurance Policy

Section (J) - Related Party Definition

1. Substantial Shareholders of the company.
2. Board members of the Company or any of its affiliates and their relatives.
3. Senior Executives of the Company or any of its affiliates and their relatives.
4. Board members and Senior Executives of Substantial Shareholders of the company.
5. Entities, other than companies, owned by a Board member or any Senior Executive or their relatives.
6. Companies in which a Board member or a Senior Executive or any of their relatives is a partner.
7. Companies in which a Board member or a Senior Executive or any of their relatives is a member of its Board of directors or is one of its Senior Executives.
8. Joint stock companies in which a member of the Board or a Senior Executive or any of their relatives owns (5%) or more, subject to the provisions of paragraph (D) of this definition.
9. Companies in which a Board member or a Senior Executive or any of their relatives has influence on their decisions even if only by giving advice or guidance.
10. Any person whose advice or guidance influence the decisions of the Company, the Board and the Senior Executives.
11. Holding companies or affiliates.

*Excluding from point (9) & (10) professional counselling by certified specialist.

Section (K) - Declaration and Acknowledgement

- We hereby declare that we are not involved in any criminal or money laundering activity and that the premiums paid are out of my legitimate source of income are not derived from illegal activities.
- We declare that documents submitted for identification are original and all particulars given are true and correct. We further declare that we do not have any other names or identification particulars, a part from the ones submitted above. The information provided by me/ us as regards to identification particulars are true and correct and any wrong information given can render insurance contract void at the option of the insurer, It is also understood that insurer reserves the right to cancel the policy and forfeit the premiums paid in case identification particulars are not found correct.
- I hereby declare and acknowledge that I am authorized person to complete this KYC Form and it was completed up to my best knowledge and on that, I sign below. and I am aware of the (real) beneficiary of the policy, and I am not insuring on behalf of anyone with whom I have no regular relationship or for an unlawful purpose
- I hereby give Tawuniya advance consent to obtain and verify company related information from the Ministry of Commerce, CCHI, GOSI and National information center.

Note: Authorization letter must be submitted in case your name isn't included in the CR.

Name		Nationality	
ID number		Position	

Signature:

Authentication Certificate of the Chamber Commerce: