**Prospective Client Profile – Individuals / Partnerships**

**Note:** To be printed off by Broker Members and used in conjunction with supporting account opening notes and procedures

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| **Affix your recent passport-size photograph** |

**PROSPECTIVE CLIENT PROFILE / KYC COVERSHEET****For Individuals and joint/partnership accounts where no account holder is a large corporate entity.** |
| 1. **Name of Client Contact:**

**Owner ⬜ Other ⬜:-***(go to 2) (fill up details below)* |
| Mobile No: House/Office No: Fax No:Address:  |
| 1. **Name of Beneficial (Actual) Owner:**
 |
| Mobile No: House/Office No: Fax No:Address:  |
| 1. **Introduction**
 |
| Known personally to:  | Yrs/Months: |
| Referred by | Related to: |
| Solicited based on a recommendation from: |  |
| 1. **Bank Account details**
 |
| Bank Name:  | Branch:  |
| Date since (DDMMYY) \_\_\_/ \_\_ / \_\_\_\_  | A/c No.:  |
| 1. **Account Type** *(Tick suitable)*
 |
| Individual **⬜**  | Joint / Partnership **⬜** |
| 1. **Profile** (Tick relevant boxes)
 |
| Short/Long-term investment **⬜**  | Pricing/Delivery **⬜** |
| Hedging **⬜** | Arbitrage **⬜** |
| Other **⬜** *(please describe)* |  |
| 1. **Profession**
 |
| Business Name: |
| Proprietor **⬜**  | Employee **⬜**  |
| Spouse’s Name:  | Profession:  |
| 1. **Financial Information**
 |
| Estimated total Net worth:  |
| Source of wealth:  |
| Origin of assets deposited into account::  |
| Source of information:  |
| Estimated Annual Income:  |
| Total family and/or joint/partnership income (from all sources):  |
| 1. **Estimated Daily Transactions**
 |
| 6 contracts or less ⬜  | 7 – 20 ⬜ |
| 21 – 50 ⬜ | more than 50 ⬜ |
| Other information (i.e. projected future turnover): |
| 1. **Is the client account holder a politically exposed\* person?**

\*{i.e. are/were they – a senior military, government or political official of any country? A senior executive of a state-owned corporation, or an immediate family member or close associate of such a person?} |
| Yes ⬜ No ⬜ Not Sure ⬜ |
| If ‘YES’ or ‘NOT SURE’ please provide below any known details |
| **Addition Information/Continuation 1 -10** |
| **Information Captured By** | **:** |  |
| Name | : |  |
| Signature | : |  |
| Date | : |  |
| **Information Supplied By** | **:** |  |
| Name | : |  |
| ***The information supplied is correct to the best of my knowledge*** |
| Signature | : |  |
| Date |  |  |

**Procedures & Notes for Individuals / Partnership**

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| **(1-A) Procedures** **Notes:** **A) To be followed in conjunction with the Client profile form section numbers as mentioned below.****B) Electricity OR water OR land-line telephone bills are acceptable as utilities bills.** | **(1-B) Notes****Notes:****A) To be used in conjunction with the Client profile form section numbers as mentioned below.****B) This documentation can be used for sole ownership and partnerships of small businesses.** |
| 1. a). Request for a copy of passport or driving license along with original – on satisfactory verification, stamp “verified true copy of original” and initial the same.b). Request for a copy of utilities bill along with original – on satisfactory verification, stamp “verified true copy of original” and initial the same.  | 1. ‘Owner’ here refers to owner of the Broker account.a). Ensure that name on passport or driving license matches name given under Client Contact.b). Ensure address on utilities bill is that given under House/Office Address – If telephone bill supplied then ensure # is the same as given on the form. |
| 2. a). Request for a copy of passport along with original – on satisfactory verification, stamp “verified true copy of original” and initial the same.b). Request for a copy of utilities bill along with original – on satisfactory verification, stamp “verified true copy of original” and initial the same.  | 2. a). Ensure (Actual) owner’s name on form matches passport.b). Ensure address on utilities bill is also that given under House/Office Address – If telephone bill supplied then ensure # is the same as given on the form. |
| 4. Request and retain letter from bank confirming relationship or, request a copy of recent (no more than 3 months old) statement of account along with original to verify the same. | 4. a). Where statement of account is provided, satisfy yourself that both original and copy have not been altered in any way.b). Once satisfied of the authenticity of the statement of account and ‘at Client’s insistence’, delete any non-requisite information from the copy regarding transactions and balances before submitting to file. |
| 7. a). For ‘Proprietor’, request a copy of valid trade license or similar documentation along with originals indicating business’ name / existence – on satisfactory verification, stamp “verified true copy of original” and initial the same.b). For ‘Employee’, request a copy of labour card, employee identity card, entry pass card, etc (any tangible evidence connecting Client to his/her place of work) along with original – on satisfactory verification, stamp “verified true copy of original” and initial the same. | 7. If Client has no business/company or, is not an employee of a business, write next to ‘Profession’, “financially independent”. |
|  | 8. Financial Information: **This is a very important section for understanding Client profile**a). ‘Source of wealth’ could be “company profits” or “personal investments”; ‘Origin of assets deposited into account’ could be “sale of part of company” or “sale of shares portfolio” or “substantial company-paid bonus”.b). ‘Source of information’ is vital – please be accurate when this information is volunteered to ensure from whose ‘mouth’ the information first originated. |
| Please use the ‘additional information’ section for any volunteered supplementary information and/or to properly record all information given to questions in sections 1 to 10. |

**Prospective Client Profile – Financial Institution / Corporation / Foundation / Charity**

**Note: To be printed off by Broker Members and used in conjunction with supporting account opening notes and procedures.**

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| **PROSPECTIVE CLIENT PROFILE / KYC COVERSHEET**

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| **Affix your recent passport size photograph** |

**Where ‘Client’ is a regulated financial institution or a corporation, foundation, or charity.** |
| 1. **Name of Client Contact:**
 |
| 1. **Relationship to corporate entity:**

Mobile No: House/Office No: Fax No:Address:  |
| 1. **Introduction**
 |
| Known to:  | Yrs/Months: |
| Referred by | Related to: |
| Solicited based on recommendation from: |  |
| 1. **Bank Account details**
 |
| Bank Name:  | Branch:  |
| Date since (DDMMYY) \_\_\_/ \_\_ / \_\_\_\_  | A/c No.:  |
| 1. **Account Type** *(Tick suitable)*
 |
| Regulated Financial Institution **⬜**  | Corporation / Foundation / Charity **⬜** |
| 1. **Profile** (Tick relevant boxes)
 |
| Short/Long-term investment **⬜**  | Pricing/Delivery **⬜** |
| Hedging **⬜** | Arbitrage **⬜** |
| Other **⬜** *(please describe)* |  |
| 1. **Corporation / Foundation / Charity**
 |
| Business Name: |
| Type of business: |
| 1. **Financial Information**
 |
| Estimated total balance-sheet assets:  |
| Origin of assets deposited into account:  |
| Source of information:  |
| 1. **Estimated Daily Transactions**
 |
| 6 contracts or less ⬜  | 7 – 20 ⬜ |
| 21 – 50 ⬜ | more than 50 ⬜ |
| Other information (i.e. projected future turnover): |
| 1. **Are any of the entity’s major shareholders politically exposed\* persons?**

\*{i.e. are/were they – a senior military, government or political official of any country? A senior executive of a state-owned corporation, or an immediate family member or close associate of such a person?} |
| Yes ⬜ No ⬜ Not Sure ⬜ |
| If ‘YES’ or ‘NOT SURE’ please provide below any known details |
| **Addition Information/Continuation 1 -10** |
| **Information Captured By** | **:** |  |
| Name | : |  |
| Signature | : |  |
| Date | : |  |
| **Information Supplied By** | **:** |  |
| Name | : |  |
| ***The information supplied is correct to the best of my knowledge*** |
| Signature | : |  |
| Date |  |  |

**Procedures & Notes for Financial Institution / Corporations / Foundations / Charity**

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| **(2-A) - Procedures** **Note:** **A) To be followed in conjunction with the Client profile form section numbers as mentioned below.****B) Electricity OR water OR land-line telephone bills are acceptable as utilities bills.** | **(2-B) - Notes** **Note:****A) To be used in conjunction with the Client profile form section numbers as mentioned below.** |
| 1. Request for a copy of Passport or driving license along with original – on satisfactory verification, stamp “verified true copy of original” and initial the same. | 1. Ensure that name on passport or driving license matches name given under Client Contact. |
| 2. Request for a copy of any utilities bill along with original – on satisfactory verification, stamp “verified true copy of original” and initial the same.  | 2. a. Ensure that Client Contact’s ‘relationship to corporate entity’ is clearly defined.b. Ensure address on utilities bill is also that given under House/Office Address – If telephone bill supplied then ensure that number is the same as given on the form. |
| 4. Unless Client is a bank, request and retain letter from Client’s main bank confirming relationship. |  |
| 7. Request for a copy of Client’s latest audited financial statements or, if not immediately available, a brochure/leaflet that unequivocally identifies entity’s on-going business – You must insist that ‘Financials’ are provided as soon as possible for filing and proper completion of KYC. | 7. If financial statements are provided instead of an information sheet about the entity, pay extra attention to description of ‘type of business’. |
|  | 8. Financial Information: **This is a very important section for understanding Client profile.**a). If financial statements are not immediately available or, financials are not ‘current’ (i.e. more than 16 months old), please get verbal estimation of current ‘total balance-sheet assets’. ‘Origin of assets deposited into account’ could be “bank’s investment funds” or, “company’s hedging account funds”.b). ‘Source of information’ is vital – please be accurate when this information is volunteered to ensure the original source of information given. |
| Please use ‘additional information’ section for any volunteered supplementary information and/or to properly record all information given to questions in sections 1 to 10. |

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