

Open Account

Update Data



Branch:	Date:	
Customer's Account No.:		

Company Data										
Name in Arabic										
Name in English										
Commercial Name in Arabic										
Commercial Name in English										
	🗌 Company			🗌 Sole	e Proprie	torship		Coop	era	tives
	Charities			🗌 Free	e Zone Co	ompany		Spor	t Clı	Jb
Facility's Type	🔲 Ministry / Publi	ic Inst	itution /	🗌 Emt	bassy / Co	onsulate		🗌 Non-	Pro	fit Organizations
	Government D	epartr	ment							
	🗌 Other									
	🗌 Private Joint St	] Private Joint Stock Company 🔲 Public Joint Stock Comp			pany	🗌 Partr	ners	hip		
Legal Form	🗌 Limited Liabili	ty Cor	mpany	Com	npany Lim	nited by Sh	ares	🗌 Limit	ed P	artnership Company
	🗌 Foreign Operat	ing Co	ompany	Fore	ign Non-Op	perating Co	mpany	🛛 🗌 Othe	r	
Residence Type	🗌 Resident		Non-Resi	ident						
Country of Residence for			untry of					ntry of		
Non-Residents		Inc	orporatio	on			Regi	stration		
Commercial Registration No.			mmercia				-	stration		
		Reg	gistratior	ו Date			Auth	nority		
Establishment National No.										
National Number of the										
Owner of Sole Proprietorship										
Commercial Registration No.				Comme	ercial Regi	stration D	ate			
Profession License No.			ance Dat		Expiry Date of			-		
		Pro	fession L	icense	Profe		ession Lice	ense		
Nationality		Acti	ive / Non	-Active N	lationalit	ies				
Number of Employees		_			ige Annua	al Income				
Authorized Capital		Тах	Number							
Nature of Business	Services		🗌 Who	lesale		🗌 Retail S	Sale			Industrial
Practiced by the Company	Contracting an	d	Profe	essional		🗌 Import	and I	Export		Other
	Undertakings		Work	(						
Company Objectives										
Parent Company's Name (if any)										
Parent Company Address										
Country		ity					Area			
Building Name and Number	Floor and Apartn			). P.O.		P.O. I	Box Numb	er		
Postal Code	E	-mail	Address				Web	site Addre	SS	
Branches of the Company										
/ Institution										
Affiliate or Related										
Companies / Institutions										
The Major Companies Dealt with										

Financial Statements (for the last fiscal year)				
Annual Revenue		Annual Profits		
Assets		Equity		

Company's Address inside Jordan	Company's Address outside Jordan (if any)
Country	Country
City	City
Area	Area
District	District
Street Name and No.	Street Name and No.
Building Name and No.	Building Name and No.
Floor and Apartment No.	Floor and Apartment No.
Nearest Landmark	Nearest Landmark
P.O. Box Number	P.O. Box Number
Postal Code	Postal Code
Landline No.	Landline No.
Cell Phone No.	Cell Phone No.

Dealing with the Bank								
Account Currency	🗌 Jordanian Dinar	🗌 US D	ollar	🗌 Euro		Other:		
Purpose of Opening	Business Transactions	🗌 Inve	stments	Access to Fa	cilities	🗌 Deposit		
the Account	Other:							
Account Type	Current Account	🗌 Savi	ngs Account	Other:				
Account's Source of Funds								
Source of Wealth								
Other Sources of Income								
	Remittances	Count		Volume in Jord	danian Dir	nar		
Nature of expected	Cheques	Count		Volume in Jord	danian Dir	nar		
transactions	🗌 Cash	Count		Volume in Jord	danian Dir	nar		
	🗌 Other:	Count		Volume in Jord	danian Dir	nar		
If the nature of transactions is 'Remittances', please fill out the following items:								
Countries expected to	Names of remittance		Nature of wor	k of	Volume	e of amounts		
receive remittances from	senders		remittance se	nders	expecte	ed to be received		
					N 1	с		
Countries expected to send remittances to	Names of remittance recipients		Nature of wor remittance re			e of amounts ed to be sent		
			Territtance re	cipients	expect			
Are there any other accounts	s related to the compa	ny with	the Bank?	Yes	No			
Name	Nationality		Account Num	ber	Branch			

Dealing with Other Banks							
Bank's Name Type of Dealing							
	Deposits	Facilities	🗌 Cards	Letters of Guarantee	Letters of Credit	Remittances	Cheques
	Deposits	Facilities	🗌 Cards	Letters of Guarantee	Letters of Credit	Remittances	Cheques
	Deposits	Facilities	Cards	Letters of Guarantee	Letters of Credit	Remittances	Cheques
	Deposits	Facilities	🗌 Cards	Letters of Guarantee	Letters of Credit	Remittances	Cheques
	Deposits	Facilities	🗌 Cards	Letters of Guarantee	Letters of Credit	Remittances	Cheques

Board of Directors / Management Board							
Name (1)	S	Sex	🗌 Male	🗌 Female			
Percentage	R	Residence Type	🗌 Resident	🗌 Non-Resident			
Nationality	0	Other Nationalities					
Document Type	D	Oocument Number					
National ID Number	D	Date and Place					
for Jordanians	с	of Birth					
Address	`						

Name (2)	Sex	🗌 Male	🗌 Female
Percentage	Residence Type	🗌 Resident	Non-Resident
Nationality	Other Nationalities		·
Document Type	Document Number		
National ID Number	Date and Place		
for Jordanians	of Birth		
Address	l.	· ·	

Name (3)	Sex	🗌 Male	🗌 Female
Percentage	Residence Type	🗌 Resident	🗌 Non-Resident
Nationality	Other Nationalities		·
Document Type	Document Number		
National ID Number	Date and Place		
for Jordanians	of Birth		
Address			

	i i			
Name (4)		Sex	🗌 Male	Female
Percentage		Residence Type	🗌 Resident	🗌 Non-Resident
Nationality		Other Nationalities		·
Document Type		Document Number		
National ID Number		Date and Place		
for Jordanians		of Birth		
Address				

Name (5)	Sex	🗌 Male	🗌 Female
Percentage	Residence Type	🗌 Resident	Non-Resident
Nationality	Other Nationalities		
Document Type	Document Number		
National ID Number	Date and Place		
for Jordanians	of Birth		
Address	· · · · · ·		

Major Owners Who Own 5% or More (Influential Stakeholders)						
Name (1)	Sex	🗌 Male	🗌 Female			
Percentage	Residence Type	Resident	Non-Resident			
Nationality	Other Nationalities					
Document Type	Document Number					
National ID Number	Date and Place					
for Jordanians	of Birth					
Address	Ownership of Shares					
Name (2)	Sex	🗌 Male	Female			
Percentage	Residence Type	🗌 Resident	🗌 Non-Resident			
Nationality	Other Nationalities					
Document Type	Document Number					
National ID Number	Date and Place					
for Jordanians	of Birth					
Address	Ownership of Shares					
Name (3)	Sex	🗌 Male	🗌 Female			
Percentage	Residence Type	🗌 Resident	🗌 Non-Resident			
Nationality	Other Nationalities					
Document Type	Document Number					
National ID Number	Date and Place					
for Jordanians	of Birth					
Address	Ownership of Shares					
Name (4)	Sex	🗌 Male	☐ Female			
Percentage	Residence Type	Resident	Non-Resident			
Nationality	Other Nationalities					
Document Type	Document Number					
National ID Number	Date and Place					
for Jordanians	of Birth					
Address	Ownership of Shares					
Name (5)	Sex	🗌 Male	E Female			
Percentage	Residence Type	Resident	🗌 Non-Resident			
Nationality	Other Nationalities					
Document Type	Document Number					
National ID Number	Date and Place					
for Jordanians	of Birth					
Address	Ownership of Shares					

Company's Authorized Signatories					
Name (1)		Sex	🗌 Male	🗌 Female	
Percentage		Residence Type	🗌 Resident	Non-Resident	
Nationality		Other Nationalities			
Document Type		Document Number			
National ID Number		Date and Place			
for Jordanians		of Birth			
Address	•				

Name (2)	Sex	🗌 Male	Female
Percentage	Residence Type	🗌 Resident	Non-Resident
Nationality	Other Nationalities		
Document Type	Document Number		
National ID Number	Date and Place		
for Jordanians	of Birth		
Address			

Name (3)	Sex	🗌 Male	🗌 Female
Percentage	Residence Type	🗌 Resident	🗌 Non-Resident
Nationality	Other Nationalities		
Document Type	Document Number		
National ID Number	Date and Place		
for Jordanians	of Birth		
Address			

Name (4)	Sex	🗌 Male	🗌 Female
Percentage	Residence Type	🗌 Resident	🗌 Non-Resident
Nationality	Other Nationalities		
Document Type	Document Number		
National ID Number	Date and Place		
for Jordanians	of Birth		
Address	·	•	

Name (5)	Sex	🗌 Male	🗌 Female		
Percentage	Residence Type	🗌 Resident	🗌 Non-Resident		
Nationality	Other Nationalities				
Document Type	Document Number				
National ID Number	Date and Place				
for Jordanians	of Birth				
Address					

#### FATCA KYC Form - Corporate Customers

	Section 1: If the answer to any of the following questions is (Yes), the entity is exempted from taxation. Therefore, the rest of the Form should not be filled out and the necessary and supporting documents should be provided to the Bank.					
1	A non-financial foreign company directly reporting to the Internal Revenue Service (IRS)?	🗌 Yes	🗌 No			
2	A non-financial entity under liquidation or bankruptcy proceedings?	🗌 Yes	🗌 No			
3	A company wholly owned by tax-exempt beneficiaries?	🗌 Yes	🗌 No			
4	A non-profit or international organization?	🗌 Yes	🗌 No			
5	An affiliate of a foreign tax-exempt organization?	🗌 Yes	🗌 No			
6	A government entity?	🗌 Yes	🗌 No			
7	A pension fund?	🗌 Yes	🗌 No			
8	A Central Bank?	🗌 Yes	🗌 No			
9	A sport club?	🗌 Yes	🗌 No			
10	A charity?	🗌 Yes	🗌 No			
11	Embassies and other diplomatic missions?	🗌 Yes	🗌 No			

Section 2: Is the entity a U.S. company? (If any of the answers is 'Yes', the rest of the Form should not be filled out. Instead, the W-9 Form should be filled out).					
Is the company a partnership, corporation, company or association, created or organized in the U.S or under the laws of the United States?	🗌 Yes	🗌 No			
Is the company a United States estate (other than foreign estate) or a United States Trust?	🗌 Yes	🗌 No			
If all the answers to the above are 'No', please move to the next section.					

\* In case of U.S Entity; the W-9 Form, W9 Signature Form, and Disclosure Authorization shall be signed.

\* Non-US Active Entities (Companies that undertake sole business activities) are exempted from FATCA Reporting.

\* In case the company undertakes a non-business activity / passive entity, the Compliance Department should be provided with W8-BEN-E Form.

Section 3: Is the entity classified as passive or active? If the answer to the following question is 'No', the entity is classified as 'active' and is exempt from FATCA. But if the answer is 'Yes', the entity is classified as passive, and Section 4 and W8-BEN-E Form are kindly required to be filled out.							
Does more than 50% of the company's income or assets consist of one or more of the items listed below?							
	🗌 Interest	Moral rights or fees / royalties					
Please mark the selected items	🔲 Revenue shares / dividends	Pensions					
Rentals       Net profit resulting from transactions in commodities or currency exchange							

Section 4:		
Does any of the partners and / or owners holding 10% or more of the company's capital (influential stakeholders) and / or authorized signatories of the company (non-financial institution) have US citizenship or Residency?	🗌 Yes	🗌 No
If the answer is 'Yes', please fill out the following fields:		

#### Major Shareholders / Partners

For public joint-stock companies, please complete only the data of shareholders whose shareholding is more than 10% or more of the capital. For non-joint stock companies, please complete the following fields for all partners. (In the event that one of the partners is a company, all data of individual partners whose shareholding in that company is more than 10% shall be obtained).

Names of shareholders / partners as per the personal identification documents in Arabic and English	Nationality	Shareholding %	Political / Judicial / Military Personality	Are you a US citizen?	Do you hold a US Green Card?	Are you a resident of the United States?	Are you a US taxpayer?
				🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
				🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
				🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No
				🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No

\*In case of U.S Entity; the W-9 Form, W9 Signature Form, and Disclosure Authorization shall be signed.

\*Non-US Active Entities (Companies that undertake sole business activities) are exempted from FATCA Reporting.

\* In case the company undertakes a non-business activity / passive entity, the Compliance Department should be provided with W8-BEN-E Form.

# Section 5: To be filled out for financial institutions only (if any of the following answers is 'Yes', the entity shall be classified as a 'financial institution', and accordingly the W-9 Form should be filled out for U.S financial institutions or W8BEN-E Form in case of non U.S financial institutions).

An institution that accepts deposits in the ord fields or any similar business?	Yes	🗌 No	
Is a substantial portion of the institution's as others (custodial institutions)?	ssets held for the account of	Yes	🗌 No
Is the institution an insurance company with	financial products or annuities?	Yes	🗌 No
Is the institution a holding company or mem financial institution?	Yes	🗌 No	
Is the institution an investment company tha its clients in capital market trading, individua management, mutual fund and private equit management, or collective investment vehicl	🗌 Yes	□ No	
The financial institution / company is kindly Status.	<ul> <li>Participating</li> <li>Foreign Financial</li> <li>Institution</li> </ul>	Non-Participating Foreign Financial Institution	
	Other, please spe	ecify:	
Please provide us with the Global Intermediary Identification Number (GIIN)			

	ame of establishment (according to the certine registration)	ficate	
Major Owners and Authorized Signatories			
	Name	Capacity	Signature
1			
2			
3			

\* In case of U.S Entity; the W-9 Form, W9 Signature Form, and Disclosure Authorization shall be signed.

\* Non-US Active Entities (Companies that undertake sole business activities) are exempted from FATCA Reporting.

\* In case the company undertakes a non-business activity / passive entity, the Compliance Department should be provided with W8-BEN-E Form.

Company's Social Media Contact Information		
Website address (if any)		
E-mail address		
Do you have addresses on social networking sites?	Facebook	LinkedIn Instagram
Website's username		
E-mail address		

	Information of the Company	's General Manager		
Name (four-part name)		Sex	Male	Female
Percentage		Residence Type	Resident	Non-Resident
Nationality		Other Nationalities		
Document Type		Document Number		
National ID Number for Jordanians		Date and Place of Birth		
Address inside Jordan				
Address outside Jordan (if any)				

Relationship with Customer	
Beneficial Owner	
Relationship with account holder	
KYC form should be filled for the Beneficial Owner.	

#### Declaration

I / We, the undersigned, certify that the above information is true and authentic to date, and the documents presented are true, correct and complete. I / We also undertake to inform the Bank of the real beneficiary of any transaction made through the company's accounts with the Bank. I / We further authorize Arab Jordan Investment Bank to disclose and share all or any information to the regulatory authorities, including all changes and updates to the information, and agree to provide any additional information / documents that may be required from the Bank. Moreover, I / We declare that money laundering operations are illegal. Therefore, I / We shall not use this account to carry out such operations. I / We also acknowledge that it is understood and agreed that the general and special terms and conditions governing accounts and banking services are binding on me / us with all terms, contents and requirements thereof.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_

The Bank shall have the right to close the Customer's account in case the Customer refuses to sign this declaration without any legal justification, and / or has provided any false information, or failed and / or refused to satisfy any or all of the requirements referred to above.

For	Bank Use Only		
Has the Form been duly filled out by the Customer by providing all the required data?		🗌 Yes	🗌 No
Has the Form been reviewed by branch officers? And has data been validated?		Yes	🗌 No
Does any board member belong to the 'politically exposed persons (PEPs)' category?		🗌 Yes	🗌 No
Have the necessary administrative approvals to accept a banking relationship with a customer (for a PEP customer) been obtained?		🗌 Yes	🗌 No
Is the name of the company / authorized signatories / owners on the lists of restricted custom- ers approved by the Bank?		🗌 Yes	🗌 No
Is the company a Special Category of Clients (SCC)?		🗌 Yes	🗌 No
Have the necessary administrative approvals to accept a banking relationship with a customer (for a SCC customer) been obtained?		🗌 Yes	🗌 No
The Customer signed in my presence:			
Employee's name: Employee's signature:		Date	: / /
Reviewed by:			
Name of CustomerSignature of CustomerService Employee:Service Employee:		Date	: / /

Form	approved	by:

Name of Branch Manager: ----- Signature of Branch Manager:

Date: / /

The following documents are attached		
Newly certified Company Registration Certificate	Identification documents of Authorized Signatories	
Certificate of Authorized Signatories	Utility bill for the Company and each Authorized Signatory	
Valid Trade Name Certificate	Lease Agreement	
□ Valid Profession License	🔲 W8-BEN-E Form	
Memorandum and Articles of Association	🔲 W-9 Form	

#### For Account Maintenance Department Use Only

Notes by Account Maintenance Department:
Name and signature of Account Maintenance Department's employee:
Name and signature of Account Maintenance Department's Manager:

