

Know Your Customer  
(KYC) Form -  
Retail Customers

Open Account       Update Date

# Arab Jordan Investment Bank

Branch: ..... Date: .....

Name of Account Holder (as in Civil ID / Passport for Non-Jordanians): .....

Customer's Account No.:

Account Type:  Current Account  Savings Account  
 Nature of Account:  Individual Account  Joint Account \*\*  Custodial Account

## Customer's Personal Data

Name in Arabic			
Name in English			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Residence Type	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Country of Residence for Non-Residents	
Type of Personal Identification Document	<input type="checkbox"/> Personal ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Military ID
	<input type="checkbox"/> Birth Certificate for Minors	<input type="checkbox"/> Other	
National ID Number	Personal ID Number		
Country of Issue	Date of Issue		
Date of Expiry	Nationality		
Mother's Name	Place and Date of Birth		

## Guardian / Custodian Information \*

Legal Capacity	<input type="checkbox"/> Guardian <input type="checkbox"/> Custodian	Type of Kinship	
Name of Guardian / Custodian			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Residence Type	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident	Country of Residence for Non-Residents	
Type of Personal Identification Document	<input type="checkbox"/> Personal ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Military ID
	<input type="checkbox"/> Birth Certificate for Minors	<input type="checkbox"/> Other	
National ID Number	Personal ID Number		
Country of Issue	Date of Issue		
Date of Expiry	Nationality		
Mother's Name	Place and Date of Birth		

## Joint Accounts \*\*

Nature of relationship between partners	
Purpose of opening the joint account	

Do you have any relationship with any of the Bank's staff?  Yes  No

Degree of Kinship: ..... Employee's name: .....

Do you have any other nationality? (If yes, please provide details below): .....

Nationality	ID / Passport Number	Date of Issue	Date of Expiry

\* For minors' accounts, the 'Guardian / Custodian Information' Section shall be filled out in addition to a KYC form for the Guardian / Custodian.

\*\* The KYC Form for Retail Customers shall be filled out for each individual customer in joint accounts.

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## Customer Contact Information

Home address		Permanent address in home country		Work address	
Country		Country		Country	
City		City		City	
Area		Area		Area	
District		District		District	
Street Name and Number		Street Name and Number		Street Name and Number	
Building Name and Number		Building Name and Number		Building Name and Number	
Floor and Apartment Number		Floor and Apartment Number		Floor and Apartment Number	
Nearest Landmark		Nearest Landmark		Nearest Landmark	
P.O. Box Number		P.O. Box Number		P.O. Box Number	
Postal Code		Postal Code		Postal Code	
Time of stay at current address (number of years)		Time of stay at current address (number of years)		Work Fax No.	
Home Phone No.		Home Phone No.		Work Phone No.	
Cell Phone No.		Cell Phone No.		Cell Phone No.	
Personal E-mail address					

## Work Data

Employment Status:	<input type="checkbox"/> Private sector employee	<input type="checkbox"/> Public sector employee	<input type="checkbox"/> Retired	<input type="checkbox"/> Other.....
In case the Customer is retired:	<input type="checkbox"/> Social Security	<input type="checkbox"/> Civil retirement	<input type="checkbox"/> Military retirement	<input type="checkbox"/> Other.....
Employer Name			Title	
Date of Appointment			Gross Monthly Income	
Annual Income			Other Sources of Income	

Educational Level	<input type="checkbox"/> Uneducated	<input type="checkbox"/> Primary / Secondary	<input type="checkbox"/> High School Diploma
	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Postgraduate	<input type="checkbox"/> PhD

Housing Type	<input type="checkbox"/> Private property	<input type="checkbox"/> Rented	<input type="checkbox"/> Living with family / relatives	<input type="checkbox"/> Other
	<input type="checkbox"/> Is the property mortgaged?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Insured by the company:

## Customer's Property

Owning properties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owning cars?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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## Family Data

Spouse			
Name of Spouse		Date of Birth	
Number of Children			
	Name	Date of Birth	
First Child			
Second Child			
Third Child			
Fourth Child			

## Dealing with Other Banks

Deposits with Other Banks			
Bank's Name		Amount of Deposit	
Bank's Name		Amount of Deposit	
Trading Securities	1.	2.	

## Loans or Liabilities Owed to Other Banks

	Name of the Bank or Company	Monthly Limit / Installments	Remaining Balance
Housing Loan			
Personal Loan			
Car Loan			
Credit Card			
Other, please specify			

## Economic and Social Activity

Holdings in companies	Membership in companies' boards of directors
Participation in the management of, or delegation of signature for, institutions / companies	Membership in clubs and charities

## Politically Exposed Persons (PEPs)

Have you or any of your first-degree relatives held any political position or membership in any political party?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		

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## Dealing with the Bank

Account Currency	<input type="checkbox"/> Jordanian Dinar	<input type="checkbox"/> US Dollar	<input type="checkbox"/> Euro	<input type="checkbox"/> Other:
Purpose of opening the account*				
Sources of funds				
Expected annual volume of dealings with the Bank				
Nature of transactions expected to be executed on the account	<input type="checkbox"/> Remittances	<input type="checkbox"/> Cheques	<input type="checkbox"/> Cash deposits	<input type="checkbox"/> Other:
* If the nature of transactions is 'Remittances', please fill out the following items **:				
1. Countries expected to receive remittances from				
2. Countries expected to send remittances to				
3. Volume of amounts expected to be sent				
4. Volume of amounts expected to be received				

## Delegation / Power of Attorney

Are any of your accounts managed under agency Delegation / Power of Attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Type of Delegation / Power of Attorney	<input type="checkbox"/> General	<input type="checkbox"/> Special
Name of agent/authorized party			Kind of relationship		
Purpose of the agency Delegation / Power of Attorney			Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Residence Type	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-resident	Country of Residence for Non-Residents:		
Type of Personal Identification Document	<input type="checkbox"/> Personal ID	<input type="checkbox"/> Passport	<input type="checkbox"/> Military ID	<input type="checkbox"/> Other:	
National ID Number			Personal ID Number		
Country of Issue		Date of Issue		Date of Expiry	
Mother's Name		Nationality		Place and Date of Birth	
Area / District		Street Name and Number		Building Name and Number	
Land Line No.		Cell Phone No.		Personal E-mail address	
Agency Issuance Date			Agency Expiry Date		

## Authorized Signatories (1)

Name of authorized signatory		Nationality		Type of Personal Identification Document	
Personal ID Number		Home address		Telephone No.	
Nature of the relationship with the account holder					
Signature of authorized signatory (1)					

## Authorized Signatories (2)

Name of authorized signatory		Nationality		Type of Personal Identification Document	
Personal ID Number		Home address		Telephone No.	
Nature of the relationship with the account holder					
Signature of authorized signatory (2)					

\* It is not allowed to specify that the purpose of the account is "business". Such purpose must be included in the duly registered "Sole Proprietorship" class \*

\* If the nature of transactions is 'Remittances', items (1, 2 3 and 4) shall be filled out \*\*

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\*For KYC updates, Delegation / Power of Attorney section should be filled out in addition to a KYC form for the agents / authorized party.

\*For Authorized signatories, KYC forms for each authorized signatory should be filled out.

1	Do you hold the nationality of an EU Member State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Are you a resident of an EU Member State?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the answer to (1) and/or (2) is 'Yes', please fill out the following:			
Name of State		Residence Status	
Date of Issue		Date of Expiry	

\* In case of nationality / residency of an EU Member State , the Notice of Consent pertaining to the EU General Data Protection Regulation shall be signed.

## Real Beneficiary (End Beneficiaries)

I, the undersigned, hereby certify that:

The account holder is the real beneficiary of the funds deposited with the Bank

The real beneficiary of the funds deposited with the Bank is:

Name:		Nationality		Nature of the relationship with the account holder	
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## Declaration

I, the undersigned, certify that the above information is true and authentic to date, and the documents presented are true, correct and complete. I also undertake to inform the Bank of the real beneficiary of any transaction made through my accounts with the Bank. I pledge not to carry out any business transaction on my personal account, and if the Bank finds otherwise, the Bank shall have the right to close the account immediately without any liability on the Bank.

I 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 declare that money laundering operations are illegal. Therefore, I shall not use this account to carry out such operations. I 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 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.

# Arab Jordan Investment Bank

## KYC Form under FATCA - Retail Customers

1	Do you hold American citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Were you born in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Do you have a social security number in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Are you a resident of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Do you hold a permanent Green Card in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Has your stay in the United States exceeded a total of 6 months (183 days) during the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, what was the reason for staying?	<input type="checkbox"/> Work <input type="checkbox"/> Sport <input type="checkbox"/> Student	<input type="checkbox"/> Study <input type="checkbox"/> Treatment <input type="checkbox"/> Other
7	Do you have a mailbox/ mailing address in the United States? If yes, please mention them.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	Do you have a phone number in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Have you ever asked the Bank to approve an address or a mailbox in the United States for purposes of banking correspondence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Have you given any standing payment orders to transfer funds from your account with the Bank to the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Have you granted a valid authorization or agency for someone with an address in the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Data to be filled out in respect of customers with US nationality, residence, or place of birth

Name in US documents	
Tax Number	
Social security number	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Customer's Name: .....

Signature: .....

Date: .....

\* In the case of proof of US nationality, the following forms shall be provided to the Bank:

1. Copy of US passport
2. W-9 Form
3. Authorization Form and undertaking to waive banking secrecy for FATCA purposes
4. W-9 Signature Form

\* W8-BEN Form shall be filled out in case any of the indicators of US nationality exists but without proof.

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## For Bank Use Only

Customer Status	<input type="checkbox"/> Illiterate	<input type="checkbox"/> Blind	<input type="checkbox"/> Deaf	<input type="checkbox"/> Incompetent	<input type="checkbox"/> Normal
Customer's Classification	<input type="checkbox"/> Advantage Customer		<input type="checkbox"/> Value Customer		
	<input type="checkbox"/> Prestige Customer		<input type="checkbox"/> VIP Customer		
Has the Form been duly filled out by the Customer by providing all the required data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Has the Form been reviewed by branch officers? And has data been validated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Does the Customer belong to the PEPs category?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Have the necessary administrative approvals to accept a banking relationship with a customer (for a PEP customer) been obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Is the name of the Customer, or the entity the Customer works for or owns, on the lists of restricted customers approved by the Bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

### The Customer signed in my presence:

Employee's name: ..... Employee's signature: ..... Date: / /

### Reviewed by:

Name of Customer ..... Signature of Customer .....  
 Service Employee: ..... Service Employee: ..... Date: / /

### Form approved by:

Name of Branch ..... Signature of Branch .....  
 Manager: ..... Manager: ..... Date: / /

## The following documents are attached

<input type="checkbox"/> Valid identification document (personal ID / passport / military ID)	<input type="checkbox"/> Valid residence document
<input type="checkbox"/> Legal agency approved by the Legal Department	<input type="checkbox"/> Proof of income
<input type="checkbox"/> Diagnostic medical report for persons with disabilities	<input type="checkbox"/> Utility bill (water, electricity, telephone, gas)
<input type="checkbox"/> Custody decision issued by the court (for custody accounts)	<input type="checkbox"/> Lease agreement
<input type="checkbox"/> Birth certificate or personal identification document for minors	<input type="checkbox"/> W8-BEN Form
<input type="checkbox"/> W-9 Form, deed of authorization, and undertaking to waive banking secrecy	<input type="checkbox"/> W-9 Signature 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: .....