

**CORPORATE CLIENT
INFORMATION**



Customer Name: _____

Reference No: _____

1. CORPORATE CUSTOMER REGISTRATION FORM

1.1 CORPORATE CUSTOMER'S DETAILS

Nature of entity: WLL Company Partnership Firm Limited Liability Sole Proprietorship

Entity Name:

Nature of Business:

REGISTERED ADDRESS:

P.O. Box Road No.

Shop/Bldg. No. Block No.

Office Telephone Office Fax

Contact Person

1.2 COMMERCIAL REGISTRATION (CR) DETAILS

CR No: CR Issue Date:

CR Issued at: CR Expiry Date:

Date of Incorporation:

1.3 BUSINESS TURNOVER(MONTHLY)

- Below BD 10000 BD 10000 TO 20000 BD 20000 TO 50000 BD 50000 TO 100000 ABOVE BD 100000

1.4 NAMES OF DIRECTORS / PARTNERS / OWNERS

	Name	ID No.	Percentage
1			
2			
3			

If the above individuals are not ultimate Beneficial owners(UBO). Yes No
If yes, please specify the name of UBO, ID document.

1.5 DISCLOSURE

Do any of the (owners/directors/partners) hold any official Government position? Yes No
If yes, Please specify the position and function/sector

1.6 LOCAL BANK ACCOUNT DETAILS

Bank Account No.	Bank Name	Branch

1.7 NAME OF EXTERNAL AUDITOR (IF APPLICABLE)

1.8 AUTHORIZED SIGNATORIES

If Authorized Signatories are same as Section 1.4

Name	Designation	Signature	CPR	MOBILE

Company Seal

2. LETTER OF REPRESENTATION

To _____ Date _____

The manager

NEC BSC (C)

Branch: _____

Dear sir,

Undertaking for Business Transactions / Remittances

2.1 We hereby authorize the following persons to send / receive/exchange money on behalf of our company, and to sign the necessary transaction vouchers. His/ her original identity documents will be produced by him/her at the time of transaction.

Name of the Employee	ID Details of the Employee	Specimen Signature	Mobile

Authorized Signatory _____

Name _____

Designation _____

Date _____

Company Seal

3. CUSTOMER ACTIVITY PROFILE

3.1 TYPE OF SERVICE

- Remittance
 Foreign Exchange
 Gold

3.2 ANTICIPATED TRANSACTION ACTIVITY

REMITTANCES:

- a. Estimated value of monthly transactions(BHD)
 5000 to 10000
 10000 to 25000
 25000 & above
 b. Estimated number of transactions per month :
 1 to 10
 10 to 20
 20 & above

FOREIGN EXCHANGE:

- a. Estimated value of monthly transactions(BHD)
 5000 to 10000
 10000 to 25000
 25000 & above
 b. Estimated number of transactions per month :
 1 to 10
 10 to 20
 20 & above

GOLD:

- a. Estimated value of monthly transactions(BHD)
 5000 to 10000
 10000 to 25000
 25000 & above
 b. Estimated number of transactions per month :
 1 to 10
 10 to 20
 20 & above

4. CUSTOMER RISK RATING (For Office Use Only)

a. Is the customer a Politically Exposed Person, or does he/she have any substantial connections to one?

- No
 Yes
 If yes, indicate name and type of connection

b. Does the customer have any substantial connection to a high risk geographic location?

- No
 Yes
 If yes, indicate name and type of connection

c. Does the customer have any substantial connection to a high risk activity?

- No
 Yes
 If yes, indicate name and type of connection

AML Risk Rating	LOW	MEDIUM	HIGH

DOCUMENTS REQUIRED:

- | | |
|--|--|
| <input type="checkbox"/> CR Copy | <input type="checkbox"/> ID Copy of Directors/ Partners/ Proprietor |
| <input type="checkbox"/> ID Copy of Authorized signatory | <input type="checkbox"/> ID Copy of the Representative |
| <input type="checkbox"/> Copy of the Certificate of Incorporation. | <input type="checkbox"/> Copy of MOA / Articles of Association |
| <input type="checkbox"/> Copy of Partnership Agreement | <input type="checkbox"/> Bank statement |
| <input type="checkbox"/> Copy of Audited financial statement | <input type="checkbox"/> License from regulatory body(If any applicable) |
| <input type="checkbox"/> Board resolution seeking financial services | |

Authorizing Officer's Name and Signature:

Compliance Officer's Signature:

Date