

## 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	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the above individuals are not ultimate Beneficial owners(UBO).

If yes, please specify the name of UBO, ID document.

☐ Yes ☐ No

## 1.5 DISCLOSURE

Do any of the (owners/directors/partners)hold any official Government position?

If yes, Please specify the position and function/sector

☐ Yes ☐ No

## 1.6 LOCAL BANK ACCOUNT DETAILS

Bank Account No.	Bank Name	Branch
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 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