

Total Anticipated Annual Credits to the Account (BD)

		 	 	ank)

#### **Retail Branch Bahrain**

Cu	stomer Updation for KYC (Natural Persons)
(In-Case of joint A/C, each account holder has	o fill & submit it separately)
Date D M M Y Y Y Y	Account Number
I hereby submit the following details for KYC	of my aforesaid account.
Name of Account holder:	
Type of Account:	Savings Current Term Deposit
Change in Address :	<ul><li>There is no change in my Communication address</li><li>I wish to change my Permanent / Residential / Employer Address.</li></ul>
Permanent Address (As in passport)	
Present Residential Address (As in CPR)	
Address for Communication	
Telephone Office	Pe Residence Residence
Mob	le + Fax
Em	ail
Nationality	☐ Indian ☐ Bahraini ☐ Other
Passport Details Numb	er
Date of Iss	Use         D         D         M         M         Y
Date of Birth	
CPR Details Numb  Marital Status	er
Occupation	I wanted II onigle
Name of Employer / Establishment	
Present Employer Address (Physical Address)	
CR / CPR Number of Employer	
Information on the Sources of Funds / We	alth and Anticipated Account Activities.
Major Source of Funds / Wealth	□ Salary       □ Own Income         □ Income from Business       □ Inheritances         □ Investments (Non-Business)       □ Rental         □ Pension / Retirement Benefits       □ Others, please specify
Monthly Income (Salary)	□ up to BD 1000 □ BD 1001 - BD 2500 □ BD 2501 - BD 5000 □ above BD 5001
Annual Income (BD) Amoun	

Does the Customer Business / Activity involve any of these Business (please specify)	☐ Hotels / Cash Intensiv☐ Jewelers or Dealers in☐ Exchange Houses or☐ Auctioneers☐ Car Dealers / Brokers☐ Lawyers, Notaries, Ac	Precious Stones Money Changers	s / Remit		gh Va	lue M	ovak	ole It	ems					
		Name of Bank												
Business Relations with other Banks, if any	Na	ture of Account			Ť					$\exists$				
		Facilities, if any												
Declarations														
a). I declare that the details furnished above are corre	ect to the best of my know	vledge and belief	f.											
b). I understand and agree that the statements / $\ensuremath{\text{dec}}$	larations made by me her	einabove form th	ne basis d	of the r	elatior	nship	betv	veer	the	Ban	ık ar	nd n	ne /	us
and that if any of the statements / declarations m	ade herein are found to b	e not correct in n	naterial p	articul	ars. th	ie Bar	nk sł	nall h	nave 1	the	sole	dis	creti	on to
terminate the relationship.														
c). I agree that the Bank will be at liberty to make ava	ailable, as and when requi	red by law / auth	norities, to	the c	ourts,	regul	lator	y / c	or oth	er a	utho	oritie	es of	
Bahrain, India, my country of residence or the co	untry in whose currency m	ny account will be	e maintai	ned or	route	d, info	orma	ation	relat	ing	to n	ny a	CCOI	unt,
without any prior consent from me.														
d). I hereby undertake to intimate the Bank of any ch	ange in the address giver	herein and to fu	ırnish to t	he Ba	nk anv	/ char	naes	: / ar	mend	mer	nts t	takir	na n	ace
in future with reference to the documents submitt							igoc	, , ai	110110	11101	110	cartii	19 P	aoo
	•				·									
			Courts re	quest	eu ior.	•								
f). I confirm that I am acting on my own behalf while														
g). I understand that Bank reserves the unfettered rig	, , ,	,												
h). I confirm that I have read and understood the ger	neral terms and conditions	of State Bank o	of India, F	u <b>ll</b> Cor	nmer	cial Ba	ank,	Bah	ırain i	n re	spe	ct o	f the	1
deposit accounts and agree to be bound by then	1.													
Name of Applicant:				Sig	gnatur	e of A	ppli	cant	:					
For Bank Use Only														
Risk Rating of Customer	Existing -			R	evise	d -								
Basis for Risk Rating Awarded														
Exception Limit for Cash Transaction														
Exception Limit for Transfer / Clearing transac  Check List	tion													
Documents required & verified with original	Is: Copy of Va	lid Passport	Copy	of Va	lid C	PR [	70	Conv	of I	nco	me	Pro	of (	if any)
World check & FATCA declaration:	World Ched		Fatca					, op )	01 11	100	7110		01 (	ii arry)
3) Is Customer PEP:	Yes				21 0110									
(i) If yes, please give details of applicant.														
(ii) Source of Fund and Wealth.														
(iii) Senior Management Approval.														
Name of Customer Executive :		Name of Au	uthroised	officer	:									
Name of Customer Executive :		Name of Au												



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 ${\sf Email:} \ \underline{\sf ops.rbbh@statebank.com} \ \ {\sf SWIFT:SBINBMBHFCB}$ 

	KYC Transa	ction	
Purpose of Account :	Saving / Remitta Credit Facilities Investments Other, Please sp	nce ecify	
Anticipated Monthly Cred			
Transation Type	Value Upto	Volume Upto	Source
Cach / ATM Danasit	BD		
ash / ATM Deposit	USD		
Chagua Danasit	BD		
Cheque Deposit	USD		
Wire Transfers	USD		
	1030		
wire italisiers	BD		
International Wire Transfers Anticipated Monthly Debi		Values Hets	Diameter.
nternational Wire Transfers	ts (-) Value Upto	Volume Upto	Purpose
nternational Wire Transfers  Inticipated Monthly Debi  Transation Type	ts (-)  Value Upto	Volume Upto	Purpose
nternational Wire Transfers Inticipated Monthly Debi Fransation Type	ts (-)  Value Upto  BD  USD	Volume Upto	Purpose
nternational Wire Transfers  Inticipated Monthly Debi  Transation Type  Cash / ATM Withdrawal	ts (-)  Value Upto  BD  USD  BD  BD	Volume Upto	Purpose
nternational Wire Transfers  Inticipated Monthly Debi  Transation Type  Cash / ATM Withdrawal	USD  ts (-)  Value Upto  BD  USD  BD  USD	Volume Upto	Purpose
International Wire Transfers Inticipated Monthly Debi Iransation Type Cash / ATM Withdrawal Cheque Withdrawal	USD  Value Upto  BD  USD  BD  USD  BD  USD  BD  USD  BD	Volume Upto	Purpose
nternational Wire Transfers Inticipated Monthly Debi	USD  ts (-)  Value Upto  BD  USD  BD  USD	Volume Upto	Purpose

# **FATCA & CRS Self-Certification Form**

## الأفراد Individual

Plea		لاستخدام البك and sign this form.			بی استکمال	رك ,يرج	، المشتر	للحساب	، استكمال وتوقيع الاستمارة.	ير جي	
	holder to colاسا الاسم بالكا	mplete a separate	) سُخص:	منفصلة لكل				الآينة لا	تاريخ الميلاد )اليوم/الشهر		_
	روسم بات ull Name							1 '	mm/yyyy) Date of Birth	1	
رد	محل الميلا	المدينة		البلد				( ( ( )	الجنسية		_
	lace of Birth	Town or City		Count	try				Nationality		
Pa	rt 1 FATCA – D	Determining status	s as 'US Person'								_
			743 001 013011				Τ.				_
		يرجى الإجابة على ALL the below Que	stions			نعم Yes	צ	l No	ان الجواب "نعم" Requirements if th		
<u> </u>	ئت مواطن أمريكي						<u> </u>				_
1 7	ے مواض امری <i>دي</i> ou a US citizeı								w	-9	
<u>_</u>			خاضع للضرائب في الولا	هل أنت							_
		ou a US tax reside	. •						w	-9	
С	ard Holder)?										
									إذا كنت مواطنا أمريكي		
									If you are a US citizen	W-9	
1 .	ت المتحدة الأمريك Vere you born	ل أنت مولود في الولايان in the US?	ها						إذا لم تكن مواطنا أمريكيا If you are not a US	شهادة فقدان جنسية الولايات المتحدة الأمريكية Certificate of Loss of Nationality of the United States	d
									citizen	+	
Ĺ	. 2 606	C 1C 1 1	· · ·							W-8BEN	_
P	art 2 CRS – 1	Self declaration	for 'Tax residen	icy' status	<b>;</b>						
9,	فر مملكة البحرين	تيم في أي بلد/منطقة، غ	ها، أنت م <b>ن</b>						جي استكمال القسم التالي	<u> </u>	_
			untry/Jurisdiction o	ther than					If yes, please comp	-	
	ingdom of Ba								· •	ease go to Part 3.	
our t	ax advisor)	lency of a country please	refer to OECD site http://ww	vw.oecd.org/tax/	/automatic-	exchange	e/crs-im	<u>nplement</u>	tation-and-assistance/tax-reside	ency or contact	
f Y										N. N. W.	
		following table indic	_	للضريبة و	1 1	. ti	غ. ۱		ُجدول التالي بالمعلومات التالية: المحدول التالي بالمعلومات المحدد ال	يرجى استكمال ال	
		e Account Holder is t		- /	_				_		
									۱f           رقم التعريف الضريبي لصـ م يكن رقم التعريف الضريبي ه		
	where indicaأو										
leas		***	ere the Account Holder	r is resident	م تعریف لمنین فیها			فع الضرب	صاحب الحساب مطالب الفيها بدا	السبب الدولة التي يعتبر أ	
leas	on B The Ac	ot issue TINs to its res scount Holder is oth ent number (Please e	nerwise unable to obt	tain a TIN <i>o</i>		•		عريف ض	احب الحساب الحصول على رقم تـ	ب	
easc	(Note. O	on does not require the	f the domestic law of the collection of the TIN issue		الضريبي	ريف ضر ل الموطر التعريف	ن في دوا	السلطات	سى اختيار هذا السبب فقط إذا كانت المدرجة أدناه لا تشتر ط	السبب ج )ملاحظة: يرج	
Co	الضريبية ountry/Jurisdictio	بلد الإقامة on of tax residence	TIN or eالرقم الضريبي	equivalent		ريبي اخْن N availa ne Reas	الّف able	Please	سبب عدم القدرة على الحصول ع مال اختيار السبب ) ب ( أعلاه e explain in the following b o obtain a TIN if you selec	تعریفّ ضریبی فی ۔ poxes why you are unab	
1											

# **FATCA & CRS Self-Certification Form**

### الأفراد Individual

		I			1			1				
2												
3												
Part 3	– Declarat	tion										
Dec )بما في خارجية قضائية	I/We here Subject to شركات التابعة لها ) ظيمية المحلية أو الذ ريبي في أي ولاية أ	s and Signature  by confirm the information provide: o applicable local laws, I/we hereby o المائيلك" (لتبادل المعلومات مع الجهات التنافل المعلومات مع الجهات المتنافل المعلومات مع الجهات المتنافل المعلومات مع الجهات المتنافل المعلومات مع المعلومات	y consent for nches) (col estic or ove in any juris	or the ban llectively " rseas regu diction.	k or any of the Bank") ılators or ta	its to share ax autho ني غضون	قوم our info rities wh طار البنك ا	فق بأن ين ormatio nere no تعهد بإخد	ريبية .     ecessary to establish our كان هناك تغيير في أي 30أنا  ظ نحن نوافق ونا	وفقا للقوانين ال ذلك الفروع()ية أو الهيئات الضر يوما تقويميا إذا		
have	provided to the	الاسم					فيع			•	التاري	
		Name					Sign	ature			Date	
	ration/stat	us and the information give	For	ك فقط Bank	خدام البن Use O	nly						
			Yes	No		If Y	es, ar	iswe	r the following	Yes	No*	
s the Cus Holder)?	stomer a l	JS Citizen (US Passport			W-9 c	btaine	ed?					
s the Cus Card Hold		JS Resident (Green			W-9 c	btain	ed?					
JS?		of the Customer in a			W-9 c		ificat	ed o	f Loss of Nationality			
b. CRS	Checklis	t										
				es	lo		If	Yes	, answer the following	es	,	No <sup>*</sup>
s th	ne Custom	er Non-Resident?				ount	ry of	Tax f	Resident declared?			
* If t	the answ	er is 'No', please conta	act the	custon		provid	le th	e red		0	ato	
		Account Opening Staff			Name				Signature	<u>D</u> ;	ate	
Ві	usiness	Supervisor/Manager										
		Head of Business Unit										
		Processed by										
Ol	perations	Checked/Authorized by										
		-										