**Account Opening Form – Corporates**

|  |  |  |
| --- | --- | --- |
|  |  | Wholesale Bank Branch, Bahrain  PO Box. 5466, Manama, Bahrain  Fax: +973-17224692, 17212714 Tel: +973-17505168  Email:opns.wbbbah@statebank.com  SWIFT:SBINBMBH,Web: sbibahrain.com |
| **Section I** | | |
| **Customer Details** | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A** | **Details of Firm/ Organisation / Legal Entity** | | | | | | | | | |
| A1 | **Name of Firm / Orgn. / Legal Entity** | |  | | | | | | | |
|  | **Trading Names**  (If Trading Name is different from Name of Legal Entity) | |  | | | | | | | |
|  | | | | | | | | | | |
| A2 | **Constitution** | □ Company | | | | | | □ Partnership | | |
| □ Proprietorship | | | | | | □ Trust | | |
| □ Trustee | | | | | | □ Society, Club, Association | | |
| □ Regulated Financial Institution | | | | | | □ Public Authority or  State Investment Body | | |
| □ Exchange Company | | | | | |  | | |
| □ Others – Specify: | | | | | | | | |
|  | | | | | | | | | | |
| A3 | **Commercial License / Registration** | | | | | No. | | | | Date: |
|  | **Place & Date of Incorporation or Establishment** | | | | | Place: | | | | Date: |
|  | **Country of Incorporation** | | | | |  | | | | |
|  | **Country of Operations** | | | | |  | | | | |
|  | **Regulatory Body or Listing Body**  (for regulated activities such as financial services and listed companies) | | | | |  | | | | |
|  | **Name of External Auditor** | | | | |  | | | | |
|  | | | | | | | | | | |
| A4 | **Registered Office** | No. | | Building No. / Name: | | | | | | |
| Street: | | | | | | | | |
| Block: | | | | | Town: | | | |
| City: | | | | | Pin/Zip Code: | | | |
|  | | | | | Country: | | | |
| Phone No(s): | | | | | | | | |
| Fax No(s): | | | | | | | | |
| Email Address: | | | | | | | | |
| Website: | | | | | | | | |
|  | | | | | | | | | | |
| A5 | **Corporate Office /**  **Business Address /**  **Trading Address**  (Full Physical Address is required; P.O. Box No. is not sufficient) | No. | | Building No. / Name: | | | | | | |
| Street: | | | | | | | | |
| Block: | | | | | Town: | | | |
| City: | | | | | Pin/Zip Code: | | | |
|  | | | | | Country: | | | |
| Phone No(s): | | | | | | | | |
| Fax No(s): | | | | | | | | |
| Email Address: | | | | | | | | |
| Website: | | | | | | | | |
|  | | | | | | | | | | |
| A6 | Communications to be sent to: | | | | □ Registered Office | | | | □ Corporate Office | |
|  | | | | | | | | | | |
|  | If Communication Address is different from above, please specify | | | | | | | | | |
|  | | | | | | | | | | |
| A7 | **Communication Address**  (Full Address is required; P.O. Box No. is not sufficient) | No. | | Building No. / Name: | | | | | | |
| Street: | | | | | | | | |
| Block: | | | | | Town: | | | |
| City: | | | | | Pin/Zip Code: | | | |
|  | | | | | Country: | | | |
| Phone No(s): | | | | | | | | |
| Fax No(s): | | | | | | | | |
| Email Address: | | | | | | | | |
| Website: | | | | | | | | |
|  | | | | | | | | | | |

|  |  |
| --- | --- |
| **B** | **Business Activities** |
| B1 | Please give a brief description of present business activity and also the activities which have generated the assets owned: |
|  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **C** | **Source of Funds** | | |
| C1 | Please give a brief description of source of funds: | | |
|  |  | | |
| **D** | **Nature and Volume of Anticipated Business** | | |
| D1 | **Nature of anticipated business dealings with the Bank:**  What is the main reason for applying for this account? (Please specify) (e.g. Credit facility /Deposits) | | |
|  |  | | |
|  | **Volume of anticipated business dealings with the Bank:**  Value of transactions you expect to make per month / quarter / year? | | |
|  | Amount: | □ Per Month  □ Per Quarter  □ Per Year | Comments: |
|  | How many transactions you expect to make per month / quarter / year? | | |
|  | No. of Transactions: | □ Per Month  □ Per Quarter  □ Per Year | Comments: |

|  |  |  |  |
| --- | --- | --- | --- |
| **E** | **Shareholding Pattern of the Firm** | | |
|  | a. Details of Shareholders / Beneficial Owners / Authorised Signatories / Directors, holding more than 10% Beneficial Ownership in the Firm/Organisation.  b. If a Legal Entity holds more than 10% Beneficial Ownership, then the Shareholding Pattern of that Legal Entity to be also given | | |
|  | Name of Beneficial Owners | Percentage of  Shareholding / Ownership | Country of Residence / Incorporation |
| E1 |  |  |  |
| E2 |  |  |  |
| E3 |  |  |  |
| E4 |  |  |  |
| E5 |  |  |  |
| E6 |  |  |  |
| E7 |  |  |  |
| E8 |  |  |  |
| E9 |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **F** | **Details of Financials of last Two Years (in USD Million)** | | |
| Sl.No. | Description | Year ending 20….. | Year ending 20….. |
| F1 | Annual Turnover |  |  |
| F2 | Paid-up Share Capital |  |  |
| F3 | Net Assets |  |  |
| F4 | Aggregate value of Cash and Investments \* |  |  |
|  | \*Applicable to Trusts/Pension Funds/Collective Investment Funds/Special Purpose vehicles | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **G** | **Bankers to Firm** | | | | | | |
| G1 | **Name of Firm’s Principal Bankers** (from whom a reference may be obtained): | | | | | | |
|  | Address: | | | | | | |
|  | Town/City: | | | PostCode: | | Country: | |
|  | | | | | | | |
| G2 | **Accounts with Other Banks**  Name(s) of Other Banks that the Firm Uses (Other than the primary relationship mentioned above): | | | | | | |
|  | 1: | | | | | | |
|  | 2: | | | | | | |
|  | 3: | | | | | | |
|  | | | | | | | |
| G3 | **Accounts with State Bank of India**  Does your Firm have an existing account with State Bank of India? | | | | | | |
|  | □ Yes | □ No | If Yes, please specify Account No., Branch and Country | | | | |
|  | Account No.1: | | | | Branch: | | Country: |
|  | Account No.2: | | | | Branch: | | Country: |
|  | Account No.3: | | | | Branch: | | Country: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **H** | **Other Information** | | | | |
| H1 | Do all authorized signatories possess sufficient understanding of Financial Markets, Financial Market Instruments & Associated Risks? | | | □ Yes | □ No |
|  | **If No**, please mention the name(s) of signatory(ies): | | | | |
|  | 1 | 2 | | | |
|  | 3 | 4 | | | |
|  | | | | | |
| H2 | Does your organization have previous experience in Credit / Deposit Instruments relating to Financial Markets? | | | □ Yes | □ No |
|  | **If Yes**, please briefly specify the size and nature of transactions and the length of time your organization has been involved in such transactions: | | | | |
|  |  | | | | |
| H3 | Please indicate your objectives in making such deposits (for deposit customers): | | | | |
|  | □ Capital Preservation | □ Income | | | |
|  | □ Long Term Capital Appreciation | □ Short Term Trading Profits | | | |
|  | □ Others, Specify: | | | | |
|  |  | | | | |
| H4 | Have you previously relied on financial advice from Financial Institutions? | | | □ Yes | □ No |
|  | If yes, please provide the name of institution and period of association: | | | | |
|  | 1. Name: | | Period of Association …years | | |
|  | 2. Name: | | Period of Association …years | | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature(s) of the Authorized Signatories/ Proprietors / Partners | | |
|  |  | **1. Authorized Signatory/ Proprietor / Partner** | **2. Authorized Signatory/ Proprietor / Partner** |
| Signature |  |  |
| Name |  |  |
| Date |  |  |
|  | | | |
|  |  | **3. Authorized Signatory/ Proprietor / Partner** | **4. Authorized Signatory/ Proprietor / Partner** |
| Signature |  |  |
| Name |  |  |
| Date |  |  |
|  | | | |
|  | Company Seal |  | All Authorised Signatories should sign |

|  |  |  |
| --- | --- | --- |
|  |  | Wholesale Bank Branch, Bahrain  PO Box. 5466, Manama, Bahrain  Fax: +973-17224692, 17212714 Tel: +973-17505168  Email:opns.wbbbah@statebank.com  SWIFT:SBINBMBH,Web: sbibahrain.com |
| **Section II** | | |
| **Details of Authorised Signatory / Director / Beneficial Owner – # …**  (Obtain Section-II for each Signatory) | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I** | **Personal Details** | | | | | | | | | | | | |
| I1 | Salutation: | □ Dr. □ Mr. □ Ms. □ Mrs. | | | | | | | | | | | Photograph |
| Name :  (as in Passport) | |  | | | | | | | | | | |
| Any Other Name | |  | | | | | | | | | | |
| Gender: | | □ Male □ Female | | | | | Marital Status: | | | | □ Married □ Unmarried | |
| Date of Birth | | DD | MM | | Y Y Y Y | | | Place of Birth | | |  | |
| Nationality: | |  | | | | | | | | | | |
| Country of Residence: | | | |  | | | | | | | | |  |
| Passport Details: | | No.: | |  | | | | | Issued At: | |  | |  |
| Issue Date: | | | | DD-MM-YYYY | | | | Expiry Date: | | DD-MM-YYYY |
| National ID / CPR / Iqama / SSN No. | |  | | | | | | | | Expiry Date: | | DD-MM-YYYY |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I2 | **Residential Address**  (Full Address is required; P.O. Box No. is not sufficient) | No. | Building No. / Name: | |
| Street: | | |
| Block: | | Town: |
|  | City: | | Post Code: |
|  |  | | Country: |
| Phone No(s): | Home: | | Office: |
| Mobile No (s): | 1. | | 2. |
| Fax No(s): |  | | |
| Email Address: |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I3 | **Permanent Address**  (Full Address is required; P.O. Box No. is not sufficient) | No. | Building No. / Name: | |
| Street: | | |
| Block: | | Town: |
|  | City: | | Post Code: |
|  |  | | Country: |
| Phone No(s): | Home: | | Office: |
| Mobile No (s): | 1. | | 2. |
| Fax No(s): |  | | |
| Email Address: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I4 | Communications to be sent to: | | | □ Residential Address | | □ Permanent Address |
|  | | | | | | |
|  | If Communication Address is different from above, please specify | | | | | |
| I5 | **Communication Address**  (Full Address is required; P.O. Box No. is not sufficient) | No. | Building No. / Name: | | | |
| Street: | | | | |
| Block: | | | Town: | |
|  | City: | | | Post Code: | |
|  |  | | | Country: | |
| Phone No(s): | Home: | | | Office: | |
| Mobile No (s): | 1. | | | 2. | |
| Fax No(s): |  | | | | |
| Email Address: |  | | | | |

|  |  |  |
| --- | --- | --- |
| I6 | Mother’s Maiden Name (for verification purposes): |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **I** | **Other Information** | | | |
| J1 | Highest Qualification | □ Primary | □ Higher Secondary | □ Graduate |
|  |  | □ Post Graduate | □ Professional | □ Others, Specify |
|  |  |  | | |
| J2 | Employment Details | Occupation: |  | |
|  |  | Corporate Title /  Public Position Held: |  | |
|  |  | Self-Employed : |  | |
|  |  | If Self-Employed, Nature of Employment: |  | |
|  |  | Years of Service: |  | |
|  |  |  |  | |
| J3 | Employer Information | Employer Name |  | |
|  |  | Employer Address |  | |

|  |  |  |
| --- | --- | --- |
| **K** | **Financial Experience** | |
| K1 | Knowledge and Understanding of financial markets |  |
| K2 | Length of time involved in relevant financial markets |  |
| K3 | Nature and size of transactions and type of involvement |  |
| K4 | Qualifications and experience in relevant financial markets |  |
| K5 | Composition and size of existing financial investment portfolio |  |
| K6 | Any other relevant information |  |

|  |  |  |
| --- | --- | --- |
| Name: |  | Signature |
| Place: |  |
| Date |  |

|  |  |  |
| --- | --- | --- |
|  |  | Wholesale Bank Branch, Bahrain  PO Box. 5466, Manama, Bahrain  Fax: +973-17224692, 17212714 Tel: +973-17505168  Email:opns.wbbbah@statebank.com  SWIFT:SBINBMBH,Web: sbibahrain.com |
| **Section III** | | |
| **Account Opening Details and Operating Instructions** | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **M** | **Account Opening Details** | | | | | | | | | | | |
| M1 | Full Name of the Firm / Organisation | |  | | | | | | | | | |
|  | Customer ID  (if an exisiting account) | |  | | | | | | | | | |
| M2 | Type of Account to be Opened | | □ Savings Account | | | | | | | □ Current Account | | |
| □ Term Deposit Account | | | | | | | □ Credit / Loan Account | | |
| Currency (USD/GBP etc.) | | | | | | |  | | |
| M3 | List of Authorised Signatories  (Board Resolution / other applicable document authorizing signatory(ies) be enclosed) | | | | | | | | | | | |
|  | Name of Authorized  Signatory(ies) | | | Specimen Signature(s) | | | | | Signing on behalf of firm/co. as\* | | Signature of Verifying  Authority (for Bank use only) | |
| M31 |  | | |  | | | | |  | |  | |
| M32 |  | | |  | | | | |  | |  | |
| M33 |  | | |  | | | | |  | |  | |
| M34 |  | | |  | | | | |  | |  | |
|  |  | | |  | | | | |  | |  | |
|  |  | | |  | | | | |  | |  | |
|  |  | | |  | | | | |  | |  | |
|  |  | | |  | | | | |  | |  | |
|  | \*Sole Proprietor / Partner / Chairman / MD / Director / Authorized Signatory / Power of Attorney Holder | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| M4 | Mode of Operation | | | |  | | | | | | | |
|  | Please specify as 1. Singly; or 2. Anyone Singly; or 3. Jointly No. \_\_ with No. \_\_; or 4. No. \_\_ with any one of others; or 5. Any other specific mode. | | | | | | | | | | | |
|  |  | | | | | | | | | | | |
| M5 | Applicable in case of Term Deposit Account | | | | | | | | | | | |
|  | Currency of Deposit: | | | | | Amount: | | | | | | |
|  | Rate of Interest: | | | | | Period: | | | | | | |
|  | Auto Renewal: □ Yes □ No | | | | |  | | | | | | |
|  |  | | | | |  | | | | | | |
|  |  | | | | |  | | | | | | |
| M6 | Repayment / Settlement Instructions: | | | | |  | | | | | | |
|  | On repayment please credit my/our account with Bank: | | | | |  | | | | | | |
|  | Bank Address: | | | | |  | | | | | | |
|  | Swift Code: | | | | |  | | | | | | |
|  | Routing Bank: | | | | |  | | | | | | |
|  | Other Routing Details (if any) | | | | |  | | | | | | |
|  |  | | | | |  | | | | | | |
| M7 | Statement Details | | | | |  | | | | | | |
|  | Please indicate how often you would like to receive statements | | | | | □ Monthly | | □ Quarterly | | | | □ Annually |
|  |  | | | | |  | |  | | | |  |
| M8 | **Declaration** | | | | | | | | | | | |
|  | We hereby declare:  1) I/We understand that the account is opened on the basis of the statements/declarations made by me/us. I/We also agree that if any of the statements/declarations made herein are found to be not correct in material particulars, the Bank shall have the sole discretion to close the deposit account and recover the charges if any as the Bank may decide.  2) We confirm that all funds being routed through this account are clean, clear, good and not related to any criminal activities or sale of drugs or armaments and do not violate any provisions of the laws applicable in this regard. We also understand that in case it is found, in course of the tenure of this deposit, that the above conditions are not fulfilled, the bank will be at liberty to inform Regulatory/Law enforcement authorities in compliance with the regulatory/ legal provisions in Bahrain as stated in clause (3) below and to terminate the relationship with the depositor after giving notice to the depositor.  3) We agree that while the Bank maintains strict confidentiality in all matters relating to customer’s account(s) and business, it is agreed and understood that the Bank may  i. disclose any information relating to my account(s) and business to any branch or office of the Bank or associated and affiliated companies; ii. outsource any of the Bank’s functions to another office of the Bank in any other jurisdiction; iii. disclose any information if required to do so by an order of a competent court or regulatory authority iv. disclose any information if required  for participation in any telecommunication or electronic clearing network v. disclose any information if required  for credit rating by recognized credit rating agencies or to credit information bureaus vi. . disclose any information  for fraud prevention purposes.  4) We are eligible in terms of the laws of the country of residence to open and operate the account requested for.  5) While we understand that there is at present no income/corporate/withholding tax in Bahrain, We confirm and accept that should any tax or other governmental dues on account of this deposit account become payable , all payment made to us shall be net of any such taxes etc. and the Bank assumes no liability in this regard. We agree that VAT or any other local tax on transactions or Service fee etc., if applicable will be charged and recovered separately.  6) We hereby undertake to intimate you any material change in information/documents we have provided at the time of opening of account such as constitution of entity/singatores/ownership/address/contact details etc., at the earliest but not later than 30 days from such change.  7) We understand that any Deposit Insurance or any other similar coverage does not cover this account.  8) We understand that Bank reserves the unfettered rights to accept or reject this application  9) This deposit account shall be governed by Law applicable for the Bahrain branch which is opening this account and We, hereby, agree to submit to the jurisdiction of courts in the centre where the deposit has been accepted in respect of any dispute in connection with this account.  10) We understand that the Deposit will be payable only by State Bank of India, Wholesale Banking Branch, Bahrain, notwithstanding the fact that the deposit is made from outside Bahrain. The other offices of State Bank of India shall not be in any manner be liable for any delays, losses, damages, claims of expenses of whatsoever nature arising in relation of any of my /our relationship with the Bank.  11) We agree that no cheque book, ATM/Credit/Debit Card / Internet Banking Transactions or Nomination facility will be provided for the accounts opened with the Bank.  12) We understand that our Savings/Current account would be marked as ‘Inoperative’ if there is no transaction initiated into the account during last 24 months, and to activate the account, We agree to provide fresh documents sought by the Bank.  13) We agree to provide fresh KYC documents as and when the same gets expired or changed and understand that our account may be frozen by the Bank without any prior notice if i) We fail to provide attested copy of renewed KYC even after 12 months of its expiry ii) if any suspicious activity noted in the account iii) if such freeze is ordered by local or international authority iv) or for any reason that Bank finds reasonable to freeze the account.  14) We consent to having SBI WBBB and all its third party processors, authority to collect and process our personal data for given purpose and to contact me in case there is any new services that might be of interest to me.  15) The Bank reserves the right to make any modifications or additions to the terms and conditions of the account at any time without the need for the consent of the account holder and the Bank shall notify the account holder of the amendments in the manner the Bank sees appropriate.  16) We understand and agree that payment of interest on balances in bank account will be at the sole discretion of the Bank.  17) We agree that I shall not permit any encumbrance or third party interest over or against any account(s) without the Bank's express prior written consent.  18) We confirm that we are not resident/s of Bahrain. We undertake to inform the Bank in case we become a resident/s of or shift to Bahrain. We also agree that the Bank may close the account, at any time, without any further notice to us and without any liability on the part of the Bank, if we shift to or become resident/s of Bahrain   |  | | --- | | 19) Force Majeure: I agree that the Bank shall not be liable if any transaction does not fructify or may not be completed or for any failure on part of the Bank to perform any of its obligations under these Terms and Conditions or those applicable specifically to its services/facilities if performance is prevented, hindered or delayed by a Force Majeure event (defined below) and in such case its obligations shall be suspended for so long as the Force Majeure event continues.  "Force Majeure Event" means any event due to any cause beyond the reasonable control of the Bank, including without limitations, unavailability of any communication systems, breach, or virus in the processes or payment or delivery mechanism, sabotage, fire, flood, explosion, acts of god, civil commotion, strikes or industrial action of any kind, riots, insurrection, war, acts of government, computer hacking, unauthorised access to computer data and storage devices, computer crashes, malfunctioning in the computer terminal or the systems getting affected by any malicious, destructive or corrupting code or program, mechanical or technical errors/failures or power shut down, faults or failures in telecommunication etc. | | 20) Indemnity: I agree that I shall indemnify and hold the Bank harmless against all actions, claims, demands, proceedings, losses, damages, costs, charges and expenses whatsoever which the Bank may at any time incur, sustain, suffer or be put to as a consequence of or by reason of or arising out of providing any of the services or due to any negligence/mistake/misconduct on my/our part or breach or non-compliance by me/us of any of the Terms and Conditions relating to any of the services or by reason of the Bank in good faith taking or refusing to take action or partially taking action or so acted whether wrongly or mistakenly on any instruction given by me. | | 21) Right of Lien/Set off: I hereby grant and confirm the existence of the right of lien and set-off with the Bank, which the Bank may at any time without prejudice to any of its specific rights under any other agreements with me, at its sole discretion and without notice to me utilise to appropriate any moneys belonging to me and lying/deposited with the Bank or due by the Bank to me, towards any of the dues payable by me to the Bank. |   Accounts on Behalf of Third Party  22) I/We confirm that I/We are not acting or operating the account on behalf of Third Party/ Parties.  Term Deposits:  23) We understand and agree that premature payment would be solely at the discretion of the Bank. The interest rate applicable on deposit on premature payment would not be the contracted rate but at the applicable rate at the time of deposit for which the deposit remained with the bank less pre-payment charges if any.  24) We authorise the Bank to rollover the deposit for the same period as this deposit is made on the date of maturity at interest rates then prevailing, if we do not instruct the Bank on the disposal of maturity proceeds 2 working days prior to the date of maturity of this Deposit. | | | | | | | | | | | |
| M9 | Signature(s) of the Authorized Signatories/ Proprietors / Partners | | | | | | | | | | | |
|  |  | **1. Authorized Signatory/ Proprietor / Partner** | | | | | **2. Authorized Signatory/ Proprietor / Partner** | | | | | |
| Signature |  | | | | |  | | | | | |
| Name |  | | | | |  | | | | | |
| Date |  | | | | |  | | | | | |
|  | | | | | | | | | | | | |
|  |  | **3. Authorized Signatory/ Proprietor / Partner** | | | | | **4. Authorized Signatory/ Proprietor / Partner** | | | | | |
| Signature |  | | | | |  | | | | | |
| Name |  | | | | |  | | | | | |
| Date |  | | | | |  | | | | | |
|  | | | | | | | | | | | | |
|  | Company Seal |  | | | | | All Authorised Signatories should sign | | | | | |

|  |  |  |
| --- | --- | --- |
| **N** | **For Office Use Only** | |
| N1 | I certify that KYC process of the account has been carried out and necessary documents as per checklist have been obtained. | |
|  | Name: | Signature: |
|  | Place: | Date: |
|  |  |  |
| N2 | Risk Category of Customer   |  | | --- | |  | | Open the Account  Date: Signature of Manager |
| N3 | Account Opened  Date: Officer-in-Charge (Operations) | Account Scrutinized  Date: Dy. MLRO / MLRO |

# **Section IV: FATCA & CRS Self- certification form – Entities**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| إستمارة الإقرار الذاتي الخاصة بفاتكا والمعايير الموحدة للإبلاغ الضريبي  **FATCA & CRS Self-Certification Form** | | | | | | | | | | | | | | | | الشركات  **Entity** | | | | | | |  | |
| **Customer Number**  For Bank use only لاستخدام البنك فقط |  | |  |  |  |  |  |  |  |  | |  | |  | |  |  | |  |  | |
| Please complete and sign this form. | | | | | | | | | | |  | | | |  | | | يرجى استكمال وتوقيع الاستمارة: | | | | | |
| **الاسم بالكامل**  **Full Legal Name** | |  | | | | | | | | | | | | | | | | | | | | | |
| **بلد التأسيس**  **Country of Incorporation** | |  | | | | | | | | | | | **نوع الكيان**  **Type of Entity** | | | | | | | |  | | |

**Part One القسم اللأول**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | يرجى الإجابة على التالي ب ’نعم’ أو ’لا’  Please answer ALL the below with ‘Yes’ or ‘No’ | نعم  Yes | لا  No | المتطلبات إذا كان الجواب "نعم"  Requirements if the answer is ‘Yes’ |
| **أ**  **a** | **مؤسسة استثمارية:**  مؤسسة استثمارية قائمة في دولة غير مشاركة ومدارة من قبل مؤسسة مالية أخرى  **Investment Entity:**  An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution | ☐ | ☐ | **القسم الثاني**  **Complete Part 2** |
| **ب**  **b** | **مؤسسة مالية**  **Financial Institution** | ☐ | ☐ | **W-8BEN-E** |
| **ج**  **c** | **مؤسسة أمريكية**  **US Entity** | ☐ | ☐ | **W-9** |
| **د**  **d** | **مؤسسة غير مالية نشطة**  **Active Non-Financial Entity**  (Includes exempted entities such as government entities, government of a U.S. possession, or central bank of issue. International organizations, exempt retirement plans, entity wholly owned by exempt beneficial owners, etc.) | ☐ | ☐ |  |
| **هـ**  **e** | **مؤسسة غير مالية وغير نشطة**  **Passive Non-Financial Entity** | ☐ | ☐ | **W-8BEN-E &**  **القسم الثاني**  **Part 2** |

**Part Two**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **بلد الإقامة الضريبية**  Country/Jurisdiction of tax residence of the entity | | **الرقم الضريبي**  TIN or equivalent | **في حال عدم وجود الرقم الضريبي اختر السبب**  If no TIN available tick the Reason \* | | | *يرجى التوضيح في الخانات التالية سبب عدم القدرة على الحصول على رقم تعريف ضريبي في حال اختيار السبب (* ***ب*** *) أعلاه*  Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason **B**. |
| A أ | B ب | C ج |
| **1** |  |  | ☐ | ☐ | ☐ |  |
| **2** |  |  | ☐ | ☐ | ☐ |  |
| **3** |  |  | ☐ | ☐ | ☐ |  |

|  |  |
| --- | --- |
| \* If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below: | \* وإذا لم يكن رقم التعريف الضريبي متوفراً ، فيرجى ذكر السبب الملائم **أ** أو **ب** أو **ج**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason A** | The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents | الدولة التي يعتبر صاحب الحساب مطالباً فيها بدفع الضريبة لا تصدر أرقام تعريف ضريبية للمواطنين فيها | **السبب أ** |
| **Reason B** | The Account Holder is otherwise unable to obtain a TIN *or equivalent number* (Please explain) | لا يمكن لصاحب الحساب الحصول على رقم تعريف ضريبي أو رقم مشابه (يرجى التوضيح) | **السبب ب** |
| **Reason C** | No TIN is required.  (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction) | لا حاجة لرقم تعريف ضريبي.  (ملاحظة: يرجى اختيار هذا السبب فقط إذا كانت السلطات في دول الموطن الضريبي المدرجة أدناه لا تشترط الكشف عن رقم التعريف الضريبي) | **السبب ج** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *في حال اختيار " أ " أو " هـ " أعلاه، فيرجى الإشارة إلى اسم أي شخص مسيطر أو أشخاص مسيطرين لدى صاحب الحساب*  If you have ticked (a) or (e) above, then please mention the name of any Controlling Person(s) of the Account Holder | | | |  | |
| **1** |  | **4** |  | |
| **2** |  | **5** |  | |
| **3** |  | 6 |  | |

**Please complete FATCA & CRS Self-Certification Form - *Controlling Person”* for each Controlling Person**

|  |  |  |  |
| --- | --- | --- | --- |
| **Declarations and Signature** الإقرار والتوقيع | | | |
| I/We hereby confirm the information provided above is true, accurate and complete.  Subject to applicable local laws, I/we hereby provide consent to the Bank or any of its affiliates (including branches) (collectively “the Bank”) to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.  I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/we have provided to the Bank. | | أنا / نحن الموقعين أدناه نؤكد بأن المعلومات الواردة أعلاه صحيحة ودقيقة وكاملة.  وفقا للقوانين المحلية المعمول بها، أنا / نحن الموقعين أدناه نوافق بأن يقوم البنك أو أي من الشركات التابعة لها (بما في ذلك الفروع) (يشار إليهم مجتمعين باسم "البنك") لتبادل المعلومات مع الجهات التنظيمية المحلية أو الخارجية أو الهيئات الضريبية عند الضرورة لتحديد التزامنا الضريبي في أي ولاية قضائية.  أنا / نحن نوافق ونتعهد بإخطار البنك في غضون 30 يوما تقويميا إذا كان هناك تغيير في أي من المعلومات التي قمنا بتقديمها إلى البنك. | |
| **الاسم**  **Name** | **التوقيع**  **Signature** | | **التاريخ**  **Date** |
|  |  | |  |
|  |  | |  |

**For Bank Use Only** لإستخدام البنك فقط

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the account (entity account holder) a US reportable account? |  |  |
| Is the entity a tax resident outside Bahrain? If yes, specify the reportable jurisdictions  1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Does the entity have controllers reportable to the US? If yes, specify the names of the reportable persons  1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| Does the entity have controllers reportable to jurisdictions other than Bahrain and US? If yes, specify the names and reportable jurisdictions  1 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3 Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Jurisdictions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Name** | **Signature** | **Date** |
| AVP Operations | |  |  |  |
| VP Operations | |  |  |  |
| Compliance Officer | |  |  |  |

# **FATCA & CRS Self-Certification Form: Controlling Persons**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| إستمارة الإقرار الذاتي الخاصة بفاتكا والمعايير الموحدة للإبلاغ الضريبي  **FATCA & CRS Self-Certification Form** | | | | | | | | | | | | | | الأشخاص المسيطرين **Controlling Person** | | | | | | | |  | | |
| **Customer Number**  For Bank use only لاستخدام البنك فقط | |  |  |  |  | |  |  |  |  | |  |  | | |  |  | |  |  |  | |
| **الاسم بالكامل**  **Full Legal Name of Controller** |  | | | | | | | | | | | | | | | | | | | | | | | |
| **عنوان السكن الحالي Current address (residence for individuals)** |  | | | | | | | | | | | | | | **تاريخ الميلاد** (اليوم/الشهر/السنة)  **Date of Birth** (dd/mm/yyyy) | | | | | | | |  | |
| **محل الميلاد Place of Birth** | **المدينة**  **Town or City** | | | | |  | | | | | **بلد الميلادCountry of birth** | | | | | | |  | | | | | **الجنسية**  **Nationality** |  |
| **Entity you are a controller of** |  | | | | | | | | | | | | | | | | | | | | | | | |

**Part 1 – Complete if controller is an Indiviual**

|  |  |  |
| --- | --- | --- |
| يرجى الإجابة على جميع الأسئلة التالية  Please answer ALL Questions | نعم  Yes | لا  No |
| **هل أنت مواطن أمريكي؟**  **Are you a US citizen?** | ☐ | ☐ |
| **هل أنت خاضع للضرائب في الولايات المتحدة الأمريكية (مثال: حامل للبطاقة الخضراء)؟**  **Are you a US tax resident (e.g. Green Card Holder)?** | ☐ | ☐ |
| **هل أنت مقيم في أي بلد/منطقة، غير مملكة البحرين؟**  **Are you a tax resident in any Country/Jurisdiction other than Kingdom of Bahrain?** | ☐ | ☐ |

**Part 2 – Complete if controller is an Entity**

|  |  |  |
| --- | --- | --- |
| يرجى الإجابة على التالي ب ’نعم’ أو ’لا’  Please answer ALL the below with ‘Yes’ or ‘No’ | نعم  Yes | لا  No |
| **مؤسسة استثمارية:**  مؤسسة استثمارية قائمة في دولة غير مشاركة ومدارة من قبل مؤسسة مالية أخرى  **Investment Entity:**  An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution | ☐ | ☐ |
| **مؤسسة مالية**  **Financial Institution** | ☐ | ☐ |
| **مؤسسة أمريكية**  **US Entity** | ☐ | ☐ |
| **مؤسسة غير مالية نشطة**  **Active Non-Financial Entity**  (includes exempted entities such as government entities, government of a U.S. possession, or central bank of issue. international organizations, exempt retirement plans, entity wholly owned by exempt beneficial owners; etc.) | ☐ | ☐ |
| **مؤسسة غير مالية وغير نشطة**  **Passive Non-Financial Entity** | ☐ | ☐ |

Instruction – Entity controllers (passive NFFE and investment entities in non-partificating jurisdictions and managed by another FI require ultimate controllers who are individuals to also complete separate controlling person forms

**Part 3 – To be completed by both individual and entity controllers**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **بلد الإقامة الضريبية**  Country/Jurisdiction of tax residence of the controller | | **الرقم الضريبي**  TIN or equivalent | **في حال عدم وجود الرقم الضريبي اختر السبب**  If no TIN available select the reason \* | | | *يرجى التوضيح في الخانات التالية سبب عدم القدرة على الحصول على رقم تعريف ضريبي في حال اختيار السبب (* ***ب*** *) أعلاه*  Please explain in the following boxes why you are unable to obtain a TIN if you selected reason **B**. |
| A أ | B ب | C ج |
| **1** |  |  | ☐ | ☐ | ☐ |  |
| **2** |  |  | ☐ | ☐ | ☐ |  |
| **3** |  |  | ☐ | ☐ | ☐ |  |

|  |  |
| --- | --- |
| \* If a TIN is unavailable please provide the appropriate reason **A, B** or **C where indicated below**: | \*وإذا لم يكن رقم التعريف الضريبي متوفراً ، فيرجى ذكر السبب الملائم **أ** أو **ب** أو **ج**: |

|  |  |  |  |
| --- | --- | --- | --- |
| **Reason A** | The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents | الدولة التي يعتبر صاحب الحساب مطالباً فيها بدفع الضريبة لا تصدر أرقام تعريف ضريبية للمواطنين فيها | **السبب أ** |
| **Reason B** | The Account Holder is otherwise unable to obtain a TIN *or equivalent number* (Please explain) | لا يمكن لصاحب الحساب الحصول على رقم تعريف ضريبي أو رقم مشابه (يرجى التوضيح) | **السبب ب** |
| **Reason C** | No TIN is required.  (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction) | لا حاجة لرقم تعريف ضريبي.  (ملاحظة: يرجى اختيار هذا السبب فقط إذا كانت السلطات في دول الموطن الضريبي المدرجة أدناه لا تشترط الكشف عن رقم التعريف الضريبي) | **السبب ج** |

|  |  |  |
| --- | --- | --- |
| **Controlling Person Type نوع الشخص المسيطر** | | |
| يرجى ذكر نوع الشخص المسيطر عن طريق اختيار المربع الملائم  Please provide the Controlling Person’s Type by ticking the appropriate box | |  |
| **أ a** | شخص مسيطر لدى شخص اعتباري – سيطرة بواسطة الملكية  Controlling Person of a legal person – ***control by ownership*** | ☐ |
| **ب**  **b** | شخص مسيطر لدى شخص اعتباري –سيطرة بواسطة وسائل أخرى  Controlling Person of a legal person – ***control by other means*** | ☐ |
| **ج**  **c** | الشخص مسيطر لدى شخص اعتباري –مسؤول إدارة عليا  Controlling Person of a legal person – ***senior managing official*** | ☐ |
| **د**  **d** | شخص مسيطر لدى صندوق ائتمان – **مكلف بالتسوية**  Controlling Person of a trust – ***settlor*** | ☐ |
| **هـ**  **e** | شخص مسيطر لدى صندوق ائتمان –**مكلف بالأمانة**  Controlling Person of a trust – ***trustee*** | ☐ |
| **و**  **f** | شخص مسيطر لدى صندوق ائتمان –**مكلف بالحماية**  Controlling Person of a trust – ***protector*** | ☐ |
| **ز**  **g** | شخص مسيطر لدى صندوق ائتمان –**مستفيد**  Controlling Person of a trust – ***beneficiary*** | ☐ |
| **ح**  **h** | شخص مسيطر لدى صندوق ائتمان **–آخر**  Controlling Person of a trust – ***other*** | ☐ |
| **ط**  **i** | شخص مسيطر لدى ترتيب اعتباري غير صندوق الائتمان – **يساوي المكلف بالتسوية**  Controlling Person of a legal arrangement (non-trust) – ***settlor-equivalent*** | ☐ |
| **ي**  **j** | شخص مسيطر لدى ترتيب اعتباري غير صندوق الائتمان – **يساوي المكلف بالأمانة**  Controlling Person of a legal arrangement (non-trust) – ***trustee-equivalent*** | ☐ |
| **ك**  **k** | شخص مسيطر لدى ترتيب اعتباري غير صندوق الائتمان – **يساوي المكلف بالحماية**  Controlling Person of a legal arrangement (non-trust) – ***protector-equivalent*** | ☐ |
| **ل**  **l** | شخص مسيطر لدى ترتيب اعتباري غير صندوق الائتمان – **يساوي للمستفيد**  Controlling Person of a legal arrangement (non-trust) – ***beneficiary-equivalent*** | ☐ |
| **م**  **m** | شخص مسيطر لدى ترتيب اعتباري غير صندوق الائتمان – **يساوي - آخر**  Controlling Person of a legal arrangement (non-trust) – ***other-equivalent*** | ☐ |

|  |  |  |  |
| --- | --- | --- | --- |
| الإقرار والتوقيع **Declarations and Signature** | | | |
| I/We hereby confirm the information provided above is true, accurate and complete.  Subject to applicable local laws, I/we hereby provide consent to the Bank or any of its affiliates (including branches) (collectively “the Bank”) to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.  I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/we have provided to the Bank. | | أنا / نحن الموقعين أدناه نؤكد بأن المعلومات الواردة أعلاه صحيحة ودقيقة وكاملة.  وفقا للقوانين المحلية المعمول بها، أنا / نحن الموقعين أدناه نوافق بأن يقوم البنك أو أي من الشركات التابعة لها (بما في ذلك الفروع) (يشار إليهم مجتمعين باسم "البنك") لتبادل المعلومات مع الجهات التنظيمية المحلية أو الخارجية أو الهيئات الضريبية عند الضرورة لتحديد التزامنا الضريبي في أي ولاية قضائية.    أنا / نحن نوافق ونتعهد بإخطار البنك في غضون 30 يوما تقويميا إذا كان هناك تغيير في أي من المعلومات التي قمنا بتقديمها إلى البنك. | |
| **الاسم Name** | **التوقيع Signature** | | **التاريخ Date** | |
|  |  | |  | |

**For Bank Use Only**  لإستخدام البنك فقط

|  |  |  |
| --- | --- | --- |
| For individual controllers | Yes | No |
| Is the controlling person a US reportable persons? |  |  |
| Is the controlling person reportable to jurisdictions other than Bahrain and US?  If yes, specify the jurisdictions  1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |
| --- | --- | --- |
| For entity controllers | Yes | No |
| Is the controlling person (entity) a US reportable account? |  |  |
| Is the entity a tax resident outside Bahrain?  If yes, specify the reportable juridications  1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **AVP Operations** | Name | Signature | Date |
| **VP Operations** | Name | Signature | Date |
| **Compliance Officer** | Name | Signature | Date |

# **FATCA & CRS Self-certification form – Individuals**

|  |  |  |
| --- | --- | --- |
| إستمارة الإقرار الذاتي الخاصة بفاتكا والمعايير الموحدة للإبلاغ الضريبي  **FATCA & CRS Self-Certification Form** | الأفراد  **Individual** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Number**  For Bank use only لاستخدام البنك فقط | |  | |  |  |  |  | |  |  | |  |  | |  | |  |  | |  |  |  |
| Please complete and sign this form. For Joint Account, each holder must complete a separate form. | | | | | | | | | | | | يرجى استكمال وتوقيع الاستمارة. للحساب المشترك, يرجى استكمال وتوقيع استمارة منفصلة لكل شخص: | | | | | | | | | | | | | |
| **الاسم بالكامل**  **Full Name** | | | |  | | | | | | | | | | | | | **تاريخ الميلاد** (اليوم/الشهر/السنة)  **Date of Birth** (dd/mm/yyyy) | | | | | | | |  |
| **محل الميلا**د **Place of Birth** | | **المدينة**  **Town or City** | |  | | | | | **بلد الميلاد**  **Country of birth** | | | | | |  | | | | | **الجنسية**  **Nationality** | | | | |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| يرجى الإجابة على جميع الأسئلة التالية  Please answer ALL the below questions | | نعم  Yes | لا  No | المتطلبات إذا كان الجواب "نعم"  Requirements if the answer is ‘Yes’ | |
| **هل أنت مواطن أمريكي؟**  **Are you a US citizen?** | | ☐ | ☐ | **W-9** | |
| **هل أنت خاضع للضرائب في الولايات المتحدة الأمريكية (مثال: حامل للبطاقة الخضراء)؟**  **Are you a US tax resident (e.g. Green Card Holder)?** | | ☐ | ☐ | **W-9** | |
| **هل أنت مولود في الولايات المتحدة الأمريكية؟**  **Were you born in the US?** | | ☐ | ☐ | إذا كنت مواطنا أمريكي  If you are a US citizen | **W-9** |
| إذا لم تكن مواطنا أمريكيا  If you are not a US citizen | **شهادة فقدان جنسية الولايات المتحدة الأمريكية**  **Certificate of Loss of Nationality of the United States**  **+**  **W-8BEN** |
| **هل أنت مقيم في أي بلد/منطقة، غير مملكة البحرين؟**  **Are you a tax resident in any country/jurisdiction other than Kingdom of Bahrain? \*** | | ☐ | ☐ | **يرجى استكمال القسم التالي**  **Please complete the following section** | |
| \*If you answered “Yes”, please complete the following table indicating:   * where the Account Holder is tax resident and * the Account Holder’s TIN for each country/jurisdiction indicated. | \* يرجى استكمال الجدول التالي بالمعلومات التالية:   * المكان الذي يكون فيه صاحب الحساب خاضعاً للضريبة, و * رقم التعريف الضريبي لصاحب الحساب في كل دولة مشار إليها. | | | | |
| If a TIN is unavailable please provide the appropriate reason **A, B** or **C where indicated below**: | وإذا لم يكن رقم التعريف الضريبي متوفراً ، فيرجى ذكر السبب الملائم **أ** أو **ب** أو **ج**: | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Reason A** | | | The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents | | | الدولة التي يعتبر صاحب الحساب مطالباً فيها بدفع الضريبة لا تصدر أرقام تعريف ضريبية للمواطنين فيها | | | | **السبب أ** |
| **Reason B** | | | The Account Holder is otherwise unable to obtain a TIN *or equivalent number* (Please explain) | | | لا يمكن لصاحب الحساب الحصول على رقم تعريف ضريبي أو رقم مشابه (يرجى التوضيح) | | | | **السبب ب** |
| **Reason C** | | | No TIN is required.  (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction) | | | لا حاجة لرقم تعريف ضريبي.  (ملاحظة: يرجى اختيار هذا السبب فقط إذا كانت السلطات في دول الموطن الضريبي المدرجة أدناه لا تشترط الكشف عن رقم التعريف الضريبي) | | | | **السبب ج** |
| **بلد الإقامة الضريبية**  Country/Jurisdiction of tax residence | | | **الرقم الضريبي**TIN or equivalent | **في حال عدم وجود الرقم الضريبي اختر السبب**  If no TIN available select the reason | | | | *يرجى التوضيح في الخانات التالية سبب عدم القدرة على الحصول على رقم تعريف ضريبي في حال اختيار السبب (* ***ب*** *) أعلاه*  Please explain in the following boxes why you are unable to obtain a TIN if you selected reason **B.** | | |
| A أ | | B ب | C ج |
| **1** |  | |  | ☐ | | ☐ | ☐ |  | | |
| **2** |  | |  | ☐ | | ☐ | ☐ |  | | |
| **3** |  | |  | ☐ | | ☐ | ☐ |  | | |

|  |  |
| --- | --- |
| الإقرار والتوقيع  **Declarations and Signature** | |
| I/We hereby confirm the information provided above is true, accurate and complete.  Subject to applicable local laws, I/we hereby provide our consent to the Bank or any of its affiliates (including branches) (collectively “the Bank”) to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.  I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/we have provided to the Bank. | أنا / نحن الموقعين أدناه نؤكد بأن المعلومات الواردة أعلاه صحيحة ودقيقة وكاملة.  وفقا للقوانين المحلية المعمول بها، أنا / نحن الموقعين أدناه نوافق بأن يقوم البنك أو أي من الشركات التابعة لها (بما في ذلك الفروع) (يشار إليهم مجتمعين باسم "البنك") لتبادل المعلومات مع الجهات التنظيمية المحلية أو الخارجية أو الهيئات الضريبية عند الضرورة لتحديد التزامنا الضريبي في أي ولاية قضائية.  أنا / نحن نوافق ونتعهد بإخطار البنك في غضون 30 يوما تقويميا إذا كان هناك تغيير في أي من المعلومات التي قمنا بتقديمها إلى البنك. |

|  |  |  |
| --- | --- | --- |
| **الاسم**  **Name** | **التوقيع**  **Signature** | **التاريخ**  **Date** |
|  |  |  |

لإستخدام البنك فقط

**For Bank Use Only**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| Is the account a US reportable account? |  |  |
| Is the customer a tax resident in a jurisdiction other than the Kingdom of Bahrain?  If yes, specify the reportable jurisdictions  1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Name | Signature | Date |
| AVP Operations | |  |  |  |
| VP Operations | |  |  |  |
| Compliance Officer | |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  | Wholesale Bank Branch, Bahrain  PO Box. 5466, Manama, Bahrain  Fax: +973-17224692, 17212714 Tel: +973-17505168  Email:opns.wbbbah@statebank.com  SWIFT:SBINBMBH,Web: sbibahrain.com |
| **Section V** | | |
| **Enclosures Checklist** | | |

|  |  |
| --- | --- |
| Customer Name |  |
| Customer ID |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Legal Entities – Documents Enclosed** | | **Remarks** |
| 1 | Certificate of Incorporation – Certified Copy | □ Yes |  |
| 2 | Commercial Registration / Trade License – Certified Copy | □ Yes |  |
| 3 | Memorandum of Association – Certified Copy | □ Yes |  |
| 4 | Articles of Association – Certified Copy | □ Yes |  |
| 5 | Membership / Registration with Chamber of Commerce – Certified Copy | □ Yes |  |
| 6 | Board resolution seeking the banking services (only necessary in the case of private or unlisted companies) - Certified Copy | □ Yes |  |
| 7 | Board resolution authorizing the signatories to open and operate the account at SBI Wholesale Bank Branch, Bahrain | □ Yes |  |
| 8 | List of authorized signatories of the Company for the account – Certified Copy | □ Yes |  |
| 9 | Identification documentation of the authorized signatories to the account (Identity & Address) - Certified Copy | □ Yes |  |
| 10 | Certified copy Share Register/Share Certificates | □ Yes |  |
| 11 | Certified copy of Register of Directors/Appointment of Directors | □ Yes |  |
| 12 | List of main shareholders holding more than 10% of the issued capital | □ Yes |  |
| 13 | Latest audited financials. If there is material adverse changes in financials since the last audit , then latest financials to be taken | □ Yes |  |
| 14 | FATCA & CRS Self Certification Form for Company / Entity | □ Yes |  |
|  | **Documents for each Individual / Authorised Signatory / Beneficial Owner / Director** | | |
| 15 | Photographs | □ Yes |  |
| 16 | Passport Copy | □ Yes |  |
| 17 | Telephone Bill (PO Box Address is not sufficient) | □ Yes |  |
| 18 | Electricity Bill (PO Box Address is not sufficient) | □ Yes |  |
| 19 | Bank Account Statement not more than 3 months old | □ Yes |  |
|  | (Minimum One document from Items 17-19) |  |  |
| 20 | CPR / Iqama / National ID Card / Government ID Card | □ Yes |  |
| 21 | Employer ID Card | □ Yes |  |
|  | (Minimum One document from Items 20-21) |  |  |
| 22 | FATCA & CRS Self Certification Form for Individuals / Authorised Signatories / Directors / Beneficial Owners/Controlling Persons | □ Yes |  |
| 23 | If US PERSON, Supporting Documents Enclosed  (Documents listed in Annx-4, Section-IV–Individuals/Corporates/FIs) | □ Yes |  |
|  |  |  |  |
|  | **Exchange Companies (in addition to above)** | | |
| 24 | AML Compliance Review by External Auditors | □ Yes |  |
| 25 | AML KYC Compliance Policy and Procedure | □ Yes |  |
| 26 | Corporate Centre Approval to open account at SBI WBB Bahrain | □ Yes |  |
| 27 | Exchange Company Registration with Central Bank of host country | □ Yes |  |
| 28 | Agreement between SBI & Exchange Co. for DDA | □ Yes |  |
| 29 | Agreement between SBI & Exchange Co. for GLS - Speed Remittance | □ Yes |  |
|  |  |  |  |
|  | **Trusts / Partnerships / Clubs / Societies / Associations (in addition to applicable ones above)** | | |
| 30 | Trust Deed | □ Yes |  |
| 31 | Partnership Deed / Agreement | □ Yes |  |
| 32 | Bylaws of the Club/Society/Association | □ Yes |  |
|  |  |  |  |
|  | Note: In case additional documents are required as per the KYC requirements in Bahrain, they may be asked for. | | |