

Required Documents to update KYC

- ✓ KYC Form Every Field to be filled with relevant information and Duly Signed.
- ✓ FATCA / CRS (OECD CRS & U.S. FATCA self-certification form for individual) Every Field to be filled with relevant information and Duly Signed
- ✓ Emirates ID (Front & Back)
- ✓ Passport
- ✓ Proof of Residency Tenancy Contract or Water/Electricity Bill under your name.
- ✓ Income Proof Trade license copy if self-employed, Salary certificate if employed with no other income.

Steps to update KYC

- Download KYC and FATAC/CRS Forms
- 2. Fill all the fields & sign the documents
- Attach all the supporting documents
 (EID, Passport, Proof of Residency, Income Proof)
- 4. Upload through link https://cdu.investbank.ae/KYC Upload/authenticate
 OR send to wecare@investbank.ae.

For more information, please reach us on 600 544 404



KYC FORM – INDIVIDUAL

Please use BLOCK LETTER			Date: / /								
		A _l	pplicant Details	CIF No							
Title: Mr.	☐ Mrs.	Miss Dr.	. □нн	□HE □	Others						
Full Name: First:		Middle:		Family:							
Nationality:	itionality: Marital Status: Single Married Divorced Widowed										
Date of Birth:											
Date of Birth: Place of birth: Country of birth: Residence Status: □ Resident □ Non Resident □ Gender: □ Male □ Female											
Are you a Resident of UAE by Investment? Yes No Do you have any other nationality or residency other than the above? No Yes (Complete the below table)											
Country/Nationality	ID Type	ID Number	Expiry Date	Tax ID Number		Correspondent Address (Zip Code/Postal Code)					
Identification Details:											
Passport No: Passport Expiry date:											
Residency visa No.:			Visa Expiry date:								
Emirates ID No.:			Emirates ID Expiry date	e:							
Physical Address and Contact Details:											
City/ Emirate:	y/ Emirate: Country:										
Street/Road:	reet/Road: Area/Landmark:										
Building name:	uilding name: Villa/Flat No:										
P.O. Box:											
Phone (Office) No:	Office) No: Phone (Residence) no.:										
Fax No.:		Mobile no.:		Email:							
Overseas/Home Country Address											
Address Line 1:		Add	dress Line 2:								
State/City:		Telephone No.:									
Are you or an immediate family member close friend or business relation in a politically exposed position (PEP)?											
No	Yes spec	ify:									
Are you an associate or have any affiliation to any political or past political party?											
□No	Yes spec	ify:									



Customer Profile Individual											
Purpose of opening the ac	count: Savings	Salary transfer	Investme	ent 🗌	Loan paymer	nt Foreign	n remittance	others (specify):			
Employment Status: Salaried Self-Employed Others (Unemployed/ Retired/ Dependent)											
Salaried					Self employed						
Employer Name & Country:				Industry:							
Monthly salary:				Monthly income from Business:							
Other source of income:				Other source of Income:							
Profession:				Company Name & Country:							
Employment start date:				Provide copy of trade license							
Source of income (for others) :											
Estimated amount turnove	it:		Debit:								
Expected type of account activity yearly in AED (Credit): Cash Che					eque Internal Transfers External Transfers						
Expected type of account activity yearly in AED (Debit): Cash Ch				eque	eque Internal Transfers External Transfers						
If cross border please mention: Purpose No. of transfers: Country:											
Accounts with Other Banks (In and outside UAE)											
Bank Name Location (Country)											
1-											
2-											
3-											
4-											
Customer Name:											
Signature:											
Signed in my presence	Name				Sig	gnature					
	Designation				Sta	aff ID					
	Name				Sig	nature					
Reviewed/ Approved By											
	Designation				Sta	aff ID					



OECD CRS AND U.S. FATCA SELF-CERTIFICATION **FORM FOR INDIVIDUALS**

PART 1 Details: ACCOUNT Holder's (in BLOCK CAPITALS) Customer's name (as per passport) Place of birth (city and country) PART 2: Jurisdiction of Residency for Tax Purposes (CRS) (in BLOCK CAPITALS) Please complete the following table indicating (i) where the Account Holder is a tax resident and (ii) the Account Holder's TIN for each country/reportable jurisdiction indicated. If the Account Holder is a tax resident in more than three countries/jurisdictions, please use a separate sheet. If a TIN is unavailable, please provide the appropriate reason (A, B and C): Reason A – The country where the Account Holder is liable to pay tax does not issue TINs to its residents. Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the below table if you select this reason). 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 issue by such jurisdiction). TABLE A TIN (Taxpayer identification Number If no TIN is available, Please enter Reason A, B or C No. Country/Jurisdiction of tax residence (no abbreviations) e.g. Social Security Number) 1 2 3 Δ If you selected Reason B above, please explain why the Account Holder is unable to obtain a TIN in the following boxes. 1 2 3 I declare I am ONLY a TAX Resident in the jurisdiction(s) listed above in Table A, even if the Bank has collected and holds addresses in other jurisdictions that are not listed above: Yes No If you have ticked no, please provide a reason for this in the following box: PART 3: Jurisdiction of citizenship (U.S. FATCA) (in BLOCK CAPITALS) I am a U.S. Person for tax purposes and my U.S. Taxpayer Identification Number (e.g. TIN, Social Security Number) is: I am not a U.S. Person for tax purposes. PART 4: Declaration and Signature (in BLOCK CAPITALS) I hereby certify that the information I have provided in this form is true, correct and complete in all respects. I confirm that I have provided the information in this document willingly without advice or help from the Bank. I understand that providing false information, withholding relevant information or responding in a misleading way may result in the rejection or my application or other appropriate action being taken against me. I further certify that if any information provided on this form changes, I will inform you within 30 days of such a change. I hereby consent to the Bank using, processing, reporting and transferring information about me, my relationship with the Bank (including information about my accounts and other banking products related to the accounts) and my financial affairs to any governmental authority (e.g. tax authorities, ministries, central banks, regulators) or third party as may be required by, or in connection with, any law, regulation or agreement with any governmental authority in the country where the Bank maintains my accounts (which may then pass that information to the tax authorities in another country) or in other countries (such as the United States) as may be required by the foregoing. Note: In the case of joint account holders, each Account Holder must complete a separate form. Print name: ___ Signature: _

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If you are signing under a Power of Attorney, please attach a

copy of the Power of Attorney.

Capacity