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KYC FORM FOR INDIVIDUAL

In compliance with the requirements of Cabinet Decision No. (10) of 2019 (AML Regulation), request to fill in/update all your details/documents as mentioned here.

Full Name:	
Nationality:	**Passport / Emirates ID No.**
Gender:	**ID expiry:**
Whether hold a dual passport (If yes Passport NO, Place of issue, Expiry date)	
Mobile No:	**Resident/Non-resident:**
Email id:	**Profession:**
Present Address:	**Permanent Address (Home country):**
	Home country Phone Number:
Name of Employer / Entity & Address	
Purpose:	**Source of Fund:**

Whether a Politically Exposed Person / Close relatives (Yes/No). If YES provide the proof of details (Designation, Source of the fund, Purpose)	

I confirmed that the above details/documents are true and correct. I give my consent to share the same with the Regulatory Authorities on inquiry. I shall inform the company in case of any change in the information provided above.

Name: _____

Signature: _____

Date: _____