

KYC Info

KYC Refresh date:

Basic Client Profile

Client Name: _____ Customer ID: _____

Customer CIF Number: _____ Client since: _____

KYC Questionnaire For Retail Individual & Sadara/Private Banking Clients
(If any of the documents listed in the checklist is not available or invalid, please obtain)

Requirements	Status	If Yes, then update the Appendix
1. Following documents is to be enclosed: <ul style="list-style-type: none"> • UBO Declaration Form • PEP Declaration Form • Sanctions Undertaking Form • W9 - FATCA FORM (for US Person) • FATCA Declaration Form • CRS Declaration Form • Valid Passport ID (for Expats) • Valid Resident Card ID (for Expats) • Valid Visa ID (for Expats) • National Card ID (for Omani nationals) • Valid Passport/Resident Card ID / Visa Copy for Authorized signatories • Proof of Address i.e. Tenancy Contract and Latest Utility Bill (Electricity / Water) • Proof of Income i.e. Salary Certificate \ Salary Slip \ Last 3 Months Bank Statements 		
2. Provide complete information on the business in terms of the below:	Appendix Required to be filled	Appendix update completed
<ul style="list-style-type: none"> • Business Profile 	A	YES NO
<ul style="list-style-type: none"> • Source of Funds and Source of Wealth 	B	YES NO
<ul style="list-style-type: none"> • Expected Account Activity 	C	YES NO

Customer Declaration:

I hereby confirm that the information has been provided are relevant, correct and appropriate.

I/We hereby confirm that the information provided herein is accurate, correct and complete and that the documents submitted along with this application form are genuine. I undertake to inform the National Bank of Oman (“the Bank”) in writing of any changes to the information already provided and to update the information on this form whenever requested to do so by the Bank.

I understand and agree that this declaration is final and irrevocable, and that it is not subject to cancellation or amendments.

Account Holder Signatory: _____

Authorized Signatory: _____

Name: _____

Name: _____

APPENDIX A – PERSONAL PROFILE

Please provide following information or attach relevant documents:

1. Purpose of establishing banking relationship with NBO	
2. Confirm if you are holding/looking for credit facility/ borrowing relationship. If yes, please elaborate and provide purpose of loan request.	
3. Describe your personal profile & your business profile.	
4. Verify and confirm your address information a. Permanent Home Address	House / Flat no: Building no: Street no: Area:
b. Work Address	House / Flat no: Building no: Street no: Area:
Personal E-Mail Address:	
Business E-Mail Address:	
5. Details of your line of business include goods and services you are dealing in. Please elaborate and provide details.	House / Flat no: Building no: Street no: Area:
6. Details of Source of Funds and Source of Wealth	
7. Employer name and residence country (if not self-employed)	
8. Line of Business of the Employer (if not self-employed)	
9. Name of the Company and residence country (in case of self-employed)	
10. Line of Business of the Company (in case of self-employed)	

APPENDIX A – PERSONAL PROFILE

<p>11. Is there any kind of relationship and interest in dealing/transacting directly/indirectly with sanctioned countries or any interest with a sanctioned designated party (ies)?</p> <p>Sanctioned Countries include; Iran, Sudan, Syria, Cuba, North Korea, Crimea/Ukraine, Israel.</p>	<p>YES NO</p> <p>If yes, then please;</p> <ul style="list-style-type: none"> - Mention the Sanctioned Country Name - Mention the percentage of funds/transactions/ proceeds originated to/from Sanctioned countries - Fill & Sign the Sanctions Undertaking letter (as applicable)
<p>12. Are you directly/indirectly connected by a natural person residing in a sanctioned country? If yes, please provide details.</p> <p>Sanctioned Countries include; Iran, Sudan, Syria, Cuba, North Korea, Crimea/Ukraine, Israel.</p>	<p>Details:</p>
<p>13. Do you have any business relationships or dealings or presence in high risk country (ies)?</p>	<p>YES NO</p> <p>If yes, then please list the high risk countries</p>
<p>14. Do you intend to perform business/transactions on behalf of third party? If yes, please provide details</p>	<p>YES NO</p> <p>If yes, then please list the business activities</p>
<p>15. Do you intend to perform business/transactions on behalf of third party? If yes, please provide details</p>	

16. Please provide details or attach documents for top 10 anticipated Depositors and Beneficiaries.

List of Depositors				
Name & Address/ Location	Nationality	Business line/ Activities	Nature of party relationship with you	Attach any proof of relation

APPENDIX A – PERSONAL PROFILE

List of Beneficiary

Name & Address/ Location	Nationality	Business line/ Activities	Nature of party relationship with you	Attach any proof of relation

17. Information about your past employers for period of ten years

Employer Name & Residence Country	Employer Line of Business	Customer Profession	Period of employment

18. Do you maintain Banking relationship with any Bank in the country OR outside the Country. If yes, please fill the table. Attach latest 12 Months bank statement

Bank name & Residence country	Account Type	Account opened date	last 12 months account statement attached (Y/N)

Account Holder Initial:

APPENDIX B – SOURCE OF FUNDING

Please provide a brief on the sources of funds and attach relevant supporting documents on your source of income, such;

- If it is from Salary Incomes then you will need to attach a Salary Certificate, Pay slips.
- If it is from Business activities proceeds then you will need to attach a Trade License & Business Statement of Account
- If it is Family sources then please provide family member details & Statement of Account
- If it is from Savings from other banking accounts then you will need to provided last 12 months Statement of Account

Account Holder Initial:

APPENDIX C – ACCOUNT ACTIVITY

1. What are the expected activities of the account, please provide the details below:

% Expected type of transactions	Inwards			Outwards		
	___% Cash	___% Cheque	___% Bank Transfers	___% Cash	___% Cheque	___% Transfers
Initial Deposit (for new accounts)	Amount & Currency		Source Of Deposits		Evidence/ Proof (Attached -Y/N)	
Expected volume of transactions (OMR) per month						
Projected Annual (Credit) Account turnover (OMR)						
Countries transactions expected from / to	From: To:					
Estimated Annual (Debit) Turnover of the Customer (OMR)						
Estimated Annual Net Profit of the Company (OMR)						

2. What products and services you have currently from NBO, please complete the table below:

Product	Purpose of maintaining this product with NBO

Account Holder Initial: