|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **KNOW YOUR CLIENT FORM**  **All details must be completed by each Shareholder /Director /Manager as listed in the board resolution** | | | | |
| **SECTION A: PERSONAL DETAILS** | | | | |
| Company Account No. | | |  | |
| Full Name (First or given names as shown in passport): | | |  | |
| Date of Birth: | |  | Gender: |  |
| Passport Number: | |  | Nationality  (As passport): |  |
| Passport Issue Date: | |  | Passport Expiry Date: |  |
| Please list any citizenship currently held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| Your current office or work address: | | | | |
|  | | | | |
| Telephone: |  | | Mobile: |  |
| Fax: |  | | Email: |  |
| Current Address: | | | | |
|  | | | | |
| Telephone: |  | | Mobile: |  |
| Fax: |  | | Email: |  |
| What is your preferred means of communication in relation to this KYC Form? | | | | 🞎 Email 🞎 Telephone |

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| **SECTION B: BUSINESS EXPERIENCE**  (Repeat this section for adding experiences) | | | | | | | | |
| How many years of business experience do you have? | | | | | | | | |
| **Business Experience #: 01** | | From \_\_\_/\_\_\_/\_\_\_\_ dd mm yyyy | | | | | To \_\_\_/\_\_\_/\_\_\_\_ dd mm yyyy | |
| Company Name: | | | | | | | | |
| Address: | | | | | | | | |
| Country: | | Telephone: | | | | | Fax: | |
| Email: | | Website: [www.](http://www/) | | | | | | |
| Business Role: | | 🞎 Employee | | | | | 🞎 Business Owner | |
| Job Title: | | | | | | | | |
| Nature of Business: | 🞎 Trading | | 🞎 Manufacturing | 🞎 Service | 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Type of Business: | | | | | | | | |
| **Business Experience #: 02** | | | From \_\_\_/\_\_\_/\_\_\_\_ dd mm yyyy | | | To \_\_\_/\_\_\_/\_\_\_\_ dd mm yyyy | | |
| Company Name: | | | | | | | | |
| Address: | | | | | | | | |
| Country: | | | Telephone: | | | Fax: | | |
| Email: | | | Website: [www.](http://www/) | | | | | |
| Business Role: | | | Employee | | | Business Owner | | |
| Job Title: | | | | | | | | |
| Nature of Business: | 🞎 Trading | | 🞎 Manufacturing | 🞎 Service | 🞎 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Type of Business: | | | | | | | | |
| Signature: | | | | | | | | Date: |

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| Brief Description of Proposed Business |
| Why do you consider your current experience relevant to your proposed business?  🞎 I hereby warrant that the information supplied by me is true and accurate and acknowledge that any misrepresentation by me may result in my prosecution. |

The completion of this Know Your Client Form (’KYC’) does not constitute any binding obligation upon Dubai Multi Commodities Centre Authority (’DMCCA’) to accept any subsequent application (’Application’) for the incorporation of a DMCC company or to guarantee such incorporation. No Application for the incorporation of a DMCC company shall be permitted until such time as a properly completed and signed KYC Form has been received and approved by DMCCA. DMCCA reserves the right to request such additional supporting documentation so as to enable it to process KYCs at its sole discretion, deems necessary and applicants shall comply with such requests. DMCCA reserves the right to reject KYCs on any ground(s) deemed appropriate and is not under any obligation to provide any reason(s) for such decisions which shall be final and binding and not subject to any appeal.