Know Your Customer



Standard Due Diligence for Third Parties

KYC Questionnaire						
Registered Name						
Commercial number				TRN Number		
Contact Details	Phone:			Email:		
	Fax:			Website:		
Registered Address						
Principal Activity						
Logal Form	Sole Prop	rietorship	Partnership	Public Company	Private Company	Government
Legal Form						
Do you possess an In-Country Value (ICV) Certificate?				ate?	Yes	No
If yes: Certificate No:				(attach a copy)		
Owner/Partner Details						
Details		Partner 1	Partner 2	Partner 3	Partner 4	Partner 5
Name						
% Share/ Holding						
EID/ Passport No						
Nationality						
Country of residence						

Note: In case of sole ownership, provide Passport Copy of Owner. In case a partner has more than 25% share, provide passport of the partner

AML & CFT Questionnaire

Beneficial Owner Check				
Does the Company/Partner/Majority Shareholder/Owner have any relationship with NGI?				
Yes	No	If yes, provide the following details		
Name Of B/O			Mobile No	
Emirates ID No			Email Address	

PEP Check				
Does the Company/Partner/Majority Shareholder/Owner is or was a PEP?				
Yes No If yes, provide th		If yes, provide the following details		
Name/s				



الشركة الـوطنيـة التـأمينـات العامـة (ش.م.ع.) NATIONAL GENERAL INSURANCE CO. (PJSC)

Sanction List			If the Company/Partner/Majority Shareholder/Owner are sanctioned by any Authority, Please provide details		
United nations	Yes	No			
OFAC	Yes	No	Reason For being sanctioned		
FATF	Yes	No			
Other	Yes	No			
Are you subject to	AML/CFT	regulatory sup	pervision?	Yes	No
If yes, specify the	regulatory	body:			
Does your entity have an AML/CFT Policy in place?			Yes	No	

ESG Compliance				
Does your entity comply with the ESG requirements?	Yes	No		

Client Declaration and Sign Off

On behalf of the Company, we do declare that we have provided the above information correctly and that we are not involved in any Money Laundering or CFT activities and that we adhere to the UAE AML & CFT Regulations

Date	Signature & Stamp	
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