

Know Your Customer

Standard Due Diligence for Corporates

Registered Name

Commercial No.

TRN No.

Contact Details

Land Line

Email ID

FAX

Website

Company Activity

Registered Address

If Holding / related Company - Names of sister Companies

Bank Name in UAE

Bank Account No.

Country(ies) of Incorporation/operation

Details of your AML /
Compliance Officer Landline

Mobile

Email ID

Do you possess an In-Country Value (ICV) Certificate?

Yes

No

If yes: Certificate No:

(attach a copy)

Distribution

Channel

Source of Funds

Legal Form Classification

Sole Proprietorship

Partnership

Private Companies and LLC

Public Listed Company

Government

Owner / Partner / Shareholder Details

Details	Owner / Main Partner/ Major Shareholder*	Partner 2 / Shareholder 2	Partner 3 / Shareholder 3	Partner 4 / Shareholder 4	Partner 5 / Shareholder 5
Name					
% Share or Holding					
EID / Passport No.					
Nationality					
Country of Residence					

Note* In case owners list / main partners/ major shareholders exceed five, please attach additional sheet along with this KYC form

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Products Required:

Motor		General		Medical		Energy		Marine		Life		SBCI	
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Documentary Information

Certificate of Incorporation		Articles of Association		Identification documentation of client's Representatives		Identification documentation of owner / partner / shareholder	
Trade License		Memorandum of Association		Regulatory Authorization Letter			

AML/ CFT Questionnaire					
Beneficial Owner (BO)					
Is the Beneficial owner someone other than the person(s) listed above?			Yes/ No	If Yes provide details as:	
				Name of BO	
				EID / Passport No.	
				Mobile Phone No.	
				Email ID's	
SANCTION LIST					
Is the Company / owners / shareholders / partners or any person on the sanction List?			If Yes - provide details of sanctions		
		United Nations			
		OFAC			
		FATF			
US Citizen					
Is the Company / owners / shareholders / partners - registered in US or US Citizens?			Yes/ No	If Yes - provide details	
				Name	
				TIN Number	

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PEP				
Is the Company / owners / shareholders / partners - Politically exposed? (PEP)		Yes/ No	If Yes - provide details of sanctions	
			Name	
			EID / Passport No.	
Shell Companies				
Is the Company / owners / shareholders / partners - dealing with shell companies?			If Yes - provide details	
AML/CFT Compliance				
Is the Company subject to AML/CFT regulatory supervision?			If Yes - provide details	
Do you have an AML/CFT Compliance Program in place?			If Yes - provide main subjects	
ESG Compliance				
Do you comply with ESG requirements?				

Client Declaration and Sign Off

- I/We hereby declare that the information provided herein is accurate and complete to the best of my/our knowledge.
- I/We consent to National General Insurance Co. PJSC verifying the information provided and conducting any further due diligence as required.

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DUAL USE GOODS QUESTIONNAIRE

Dual-Use items and/or military goods of the parent company

Dual-use items are defined as industrial goods, software, technology, and cryptology, likely to be diverted from their intended (peaceful) uses. Those items are therefore sensitive goods that, in most cases, are intended for civilian applications, but which can be used for military purposes. As such, the export of such dual-use items must be authorized by the competent authorities.

Product and / or Service provided by the company

Are your products and/or services Dual use items and / or military goods

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Does any of your branches and / or subsidiaries deal with products and/or services Dual use items and / or military goods

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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If yes – Confirm that you have an export authorization from EOCN or any equivalent legal document. You are required to provide the export authorization attached to this document.

YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Name:

Date:

Designation:

Stamp & Signature

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الشركة الوطنية للتأمينات العامة (ش.م.ع.)
NATIONAL GENERAL INSURANCE CO. (PJSC)

For NGI Internal Use

Source of Business	<input type="checkbox"/> BDE <input type="checkbox"/> <input type="checkbox"/> Broker <input type="checkbox"/> Direct <input type="checkbox"/>
Name of Source /Commission PIN	
Credit Limit	
Credit Days	
Manager Approval	