



**Know Your Customer Application Form (Individuals)**

Customer's Branch: ..... Serving Branch: .....

Account Number: ..... Date: / /

Start Date of Banking Relationship: : / /

• **Customer Identity Details**

<b>Name in English:</b>			
<b>Name in Arabic:</b>			
<b>Date and Place of Birth:</b>		<b>Gender:</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Nationality(1):</b>		<b>Nationality(2):</b>	
<b>ID Card Type:</b>		<b>National Number:</b>	
<b>ID Card Number:</b>		<b>Expiry Date:</b>	
<b>Social Status:</b>	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Other:.....
<b>Spouse Name:</b>			
<b>Number of Children :</b>		<b>Mother's Name:</b>	

• **Standards of Living and Education**

<b>Accommodation Details:</b>	<input type="checkbox"/> Apartment	<input type="checkbox"/> Villa	<input type="checkbox"/> Semi Villa	<input type="checkbox"/> Other:.....
<b>Accommodation Status:</b>	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Other:.....	
<b>Assets Owned:</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Other:.....
<b>Lands Owned:</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Agricultural
<b>Vehicles Owned:</b>	<b>Type/Model:</b>		<b>Year of Production:</b>	
<b>Educational Level:</b>	<input type="checkbox"/> PHD	<input type="checkbox"/> Master	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Higher Diploma
	<input type="checkbox"/> Secondary School	<input type="checkbox"/> Others:.....		

• **Job/Business Details**

<b>Job/Business Type:</b>	<input type="checkbox"/> Private	<input type="checkbox"/> Governmental	<input type="checkbox"/> Others:.....
<b>Profession:</b>			
<b>Job Description:</b>			
<b>• If You Are An Employee</b>		<b>• If You Have Your own Business</b>	
<b>Name of Employer / Company:</b>		<b>Name as mentioned in the Registration Certificate:</b>	
<b>Job Position/Title:</b>		<b>Number of employees:</b>	
<b>Monthly Salary (JOD):</b>		<b>Monthly income (JOD):</b>	
<b>Additional Work:</b>			

Customer Signature:.....

• **Current Residential Address:**

Apartment/Building Number:		Street Name:	
Nearest Land Mark :		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email:	

• **Current Non-Residential Address:**

Apartment/Building Number:		Street Name:	
Nearest Land Mark :		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email:	

• **Current Work Address:**

Building Number:		Street Name:	
Nearest Land Mark :		District:	
City:		Country:	
Landline Number:		Mobile Number:	
P.O Box:		Postal Code:	
Fax:		Email:	

• **Economic and Social Activities**

<b>Sharing in Companies or Institutions</b>	<b>Membership in the Board of Directors in Companies or Institutions</b>
<b>Participating in other companies or institutions managements</b>	<b>Membership in Clubs and Charity Organizations</b>

Customer Signature:.....

**Relationship with JKB**

<b>Purpose of Relationship</b>		<b>The Beneficial Owner</b>	
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<b>Do you or any one of your family or any relevant parties to you hold an account at the bank?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Name	Nationality	Account Number	Branch

<b>Are any of your accounts managed through a power of attorney?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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<b>Type of Power of Attorney</b>	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Others: .....
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<b>Issuing Date:</b>		<b>EXP Date:</b>	
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<b>Reason of power of attorney</b>							
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Name of attorney (4 Parts)	Nationality	National/ Passport No.	Date of Birth	Mother Name	Business/ Job position	Customer No.	PEP's
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Name:</b>							
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<b>Building No.:</b>		<b>Street Name</b>	
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<b>Nearest Land Mark :</b>		<b>District :</b>	
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<b>City:</b>		<b>Country:</b>	
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<b>Landline No.:</b>		<b>Mobile Number:</b>	
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<b>P.O Box:</b>		<b>Postal Code:</b>	
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<b>Fax:</b>		<b>Email:</b>	
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<b>Name:</b>			
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<b>Building No.:</b>		<b>Street Name</b>	
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<b>Nearest Land Mark :</b>		<b>District :</b>	
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<b>City:</b>		<b>Country:</b>	
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<b>Landline No.:</b>		<b>Mobile Number:</b>	
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<b>P.O Box:</b>		<b>Postal Code:</b>	
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<b>Fax:</b>		<b>Email:</b>	
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Customer Signature:.....



Do you manage any JKB accounts pursuant to power of attorney?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name	Nationality	Account Number	Branch	

Do You Have Any activity in Remittances			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Purpose of Dealing with Remittances				
Recipient Countries (To which remittances are sent)	Name of the beneficiaries	The beneficiary's nature of business	Amount of money expected to be sent	
Countries from which remittances are received	Name of senders	The sender's nature of business	Amount of money expected to be received	

• Expected Monthly Amounts of Transactions:

Credit Transactions		Debit Transactions	
Amount	Number of transactions	Amount	Number of Transactions

• Relationships with Other Banks:

Bank's Name	Type of Relationship			
	Deposits	Facilities	Cards	Others

Customer Signature:.....

• **FATCA:**

<b>Do you hold a U.S citizenship?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Place of Birth</b>		<b>U.S Tax Number (TIN)</b>	
<b>Were you born in the States of America, but you do not hold a U.S citizenship?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, kindly clarify:</b>			
<b>Do you hold a Green Card?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever lived in the United States of America?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, for how long:</b>			
<b>Are any of your accounts managed through a power of attorney whereby its holder has an address in the US?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name</b>		<b>Nationality</b>	
<b>Address</b>			
<b>Have you ever given instructions to the Bank or made any standing orders to transfer money to person(s) or corporation(s) in the US?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you receive money transfers through your account(s) coming from person(s)/ corporation(s) in the US?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you own (greater than or equal to 10%) of the shares of any company(s) that deals with JKB?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Name of the Company</b>		<b>Account Number</b>	
<b>Name of the Company</b>		<b>Account Number</b>	

• **PEP's Customer's Category:**

<b>Did you or any of your relatives occupy political positions, or were you a member in any political party?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, kindly clarify:</b>		

• **Social Media Details:**

<b>Facebook Username:</b>		<b>Twitter Username:</b>	
<b>Facebook Email:</b>		<b>Twitter Email:</b>	
<b>Instagram Username:</b>		<b>Linked In Username:</b>	
<b>Instagram Email:</b>		<b>Linked In Email:</b>	

Customer Signature:.....

- I hereby declare that the information given herein are true, correct and complete. I furthermore undertake to promptly inform JKB of any changes to the information provided hereinabove.
- I hereby declare that i `am the only beneficial owner who has access to my account, and I agree to declare the name of any beneficial owners for any future transaction through my account(s).

Name:

Date:

Signature:

**For Bank Use Only**

Did the customer complete the form fully and duly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did the authorized employee review/ validate information given herein?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the customer fall under (PEP`s)* definition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you obtained approval from the general manager to establish relationship with politically exposed person (PEP`s)*?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you verify the customer`s signature?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Reviewed By:

Approved By:

Name: .....

Name: .....

Signature:

Signature:

**Centralized Accounts Operations and KYC Department**

Data Entered By:

Approved By:

Name: .....

Name: .....

Signature:

Signature:

**Politically Exposed Persons (PEP`s):**

individuals who are or have been entrusted with prominent public functions domestically or by a foreign country, for example Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations, important political Party officials. This includes, Family members who are related to a PEP either directly (Father, Mother, Husband, Wife, Son, Daughter) and their Close business partners or associates who are closely connected to a PEP professionally, especially those that share (beneficial) ownership of legal entities with the PEP, or who are otherwise connected (e.g., through joint membership of a company board or through legal authorization granted to them)