



Customer's Branch:.....

Serving Branch:.....

Customer's Number:.....

Date: / /

Start Date of Banking Relationship: : / /

• Company's Details:

Company's Name in English:			
Company's Name in Arabic:			
Legal Form :	<input type="checkbox"/> Public Shareholding Company <input type="checkbox"/> Private Shareholding Company <input type="checkbox"/> Joint Liability Company <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Others:.....		
Tax Number:		Registration Number:	
Date of Registration:		Country of Registration:	
Nationality:		Company's National Number	
Commercial Name			
Certificate of incorporation No.		Date of Certificate of incorporation:	
Residency Indicator:	<input type="checkbox"/> Local Company <input type="checkbox"/> Foreign Operating Company <input type="checkbox"/> Foreign non- Operating Company		
Country of Residence:		The Company's Capital	
Number of Employees:		Total Assets/ Owner Equity:	
Amount of Annual Revenue		Amount of Annual Profit	

• Company/ Single Establishment Address and Contact Details

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

• Nature of Business and Publicity

Company/Institution's Branches:	

Customer Signature:.....

**Company/Institution's Branches:**


**Subsidiaries, Affiliates and Sister Companies:**


**Names of Companies you deal with:**


• **Board of Director's Members:**

Name ( Four Parts)	Job Position/Title	Customer's Number	PEP's	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

• **List of Shareholders/Partners who own (greater than or equal to 10%) from the Company's Capital (Public Shareholders Companies):**

Name(4 Parts)	Nationality	Percentage of Ownership	Customer Number	US Citizen?	Green Card Holder?	US Resident	PEP's
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Customer Signature:.....



Company's General Director:

Name (Four Parts)	Customer's Number	Political Person (PEP's)
		<input type="checkbox"/> Yes <input type="checkbox"/> No

• Authorized Signatories Details:

Name (Four Parts)	Nationality	National/ Passport No.	Date of Birth	Mother's Name	Job Position/Title	Customer Number	PEP's
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

• Authorized Signatories Permanent Address:

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

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

Customer Signature:.....

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

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

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

• Power of Attorney Details:

Type of Attorney:	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Others:.....
Issuance Date:		Expiry Date:	
The reason for having a power of attorney to manage the account?			

Customer Signature:.....

Attorney's Name	Nationality	National/Passport no.	Date of Birth	Mother's Name	Job Position/Title	Customer's Number	PEP's
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No

• Attorney's Permanent Address:

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

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

• Relationship with JKB:

Purpose of Relationship		The Beneficial Owner	
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Does your Company have any relative account`s held at JKB?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name	Nationality	Account Number	Branch

Customer Signature:.....

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
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques
	<input type="checkbox"/> Deposits <input type="checkbox"/> Facilities <input type="checkbox"/> Cards <input type="checkbox"/> LG's <input type="checkbox"/> LC's <input type="checkbox"/> Remittances <input type="checkbox"/> cheques

• Compliance with the instructions of the Central Bank of Jordan regarding the combat of money laundering and the financing of terrorism:

Due diligence procedures		
Dose the entity start a relationship with anonymous persons or fake names?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the entity apply due diligence in identifying customers identities, the purpose of the relationship and the real beneficiary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Dose the entity constantly update customers' data?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are data and information obtained from customers validated through neutral and reliable sites such as: (Civil Status Database, Corporate Monitoring Site, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is due diligence done in verifying sources of funds in unusual financial transactions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Customer Signature:.....

Internal Policies and procedures		
Dose the entity have documented procedures to control, prevent and report transactions related to money laundering or terrorist financing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any written procedures regarding due diligence and special care towards your customers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there an automated system to link operations and give suspicious indicators of cases related to money laundering or terrorist financing, and compare names with international sanctions lists?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Please specify the names of the automated systems: .....		
Is there an independent and adequately resourced staff to test the compliance with internal procedures, policies and controls to combat money laundering and terrorist financing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, Please specify the number of employees: .....		

Trainings:		
Dose the company have an ongoing training plans and programs for the company's employees in the field of combating money laundering and terrorist financing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Required documents:	
Copy of the registration certificate and commercial register of the company.	<input type="checkbox"/>
Copy of the license granted by the Central Bank for the current year.	<input type="checkbox"/>
The policy adopted by the company in the field of combating money laundering and terrorist financing.	<input type="checkbox"/>
Guidelines adopted for combating money laundering and terrorist financing.	<input type="checkbox"/>
Approval of the Central Bank to deal with foreign financial companies or institutions.	<input type="checkbox"/>

I / we acknowledge the accuracy of the above data, and undertake / pledge to declare the true beneficiary of any transaction made by our company's accounts through JKB bank.

I / we acknowledge to implement the instructions of the Central Bank of Jordan and the Securities Commission regarding the combat of money laundering and the financing of terrorism, and to provide the Bank with any documents requested in order to enhance and support financial transactions. I also pledge to update all the company's data as soon as changes occur or when the Bank requests me / us to do so.

Date: .....

Name

Name

Name

Name

Name

Signature

Signature

Signature

Signature

Signature

For Bank

**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)