capital investments
Global Fund

Know Your Customer (KYC) Form – Corporates

Company Data

Registered Company Name in Arabic: .....

Commercial Name in Arabic: .....

Commercial Name in English: .....

National Number for Jordanian Companies

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Tax Identification Number (if any):

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Registration Number:

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Registration Date / Incorporation Date:

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Country of Registration / Country of Incorporation:

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Registering Authority / Place of Incorporation:

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Professional License Number: .....

Professional License Issue Date: .....

Professional License Expiry Date: .....

Commercial Registration Number: .....

Country of Head Office: .....

Place of Issue: .....

Issue Date: .....

Commercial Registration Expiry Date: .....

Company Expiry Date:

.....

Is the company listed on the stock exchange?

☐ Yes ☐ No

Name of the Securities Market: .....

Company Nationality: .....

Other Nationalities: ☐ Operating ☐ Non-operating

Country of Residence: .....

Residence Indicator: ☐ Resident ☐ Non-Resident

Company Type: .....

Nature of Company Activity: .....

Type of Company Activity : .....

Company Objectives: .....

Company Address

Region: ..... Street Name:.....

City:..... Country: .....

Office Number: ..... Building Number: .....

Phone Number:..... Email: .....

Website: .....

Liaison Officer Contact Details

Full Name:.....

Job Title: ..... Phone Number:.....

Email: .....

If the client is a sole proprietorship, please complete the following fields

Name in Arabic: .....

Name in English:.....

National Number:..... Official Document Type:.....

Primary Document Number:..... Primary Document Issuing Place: .....

Primary Document Issue Date: ..... Primary Document Expiry Date: .....

Company Information

Economic Sector Nature: .....

Economic Activity:..... Main Products:.....

Authorized Capital: ..... Paid-up Capital: .....

Financial Data

Is the Company represented on the board of directors or management board of any other financial brokerage company? ☐ Yes ☐ No

If the answer is Yes, please specify the company name .....

Annual sales:	Monthly sales:	Average annual income:
.....	.....	.....

Nature of expected transactions on the account

Transfers: Annual: ..... Monthly: ..... Cheques: Annual: ..... Monthly: .....

Cash deposits:..... Other (specify).....

Expected value and frequency of transactions on the account

Annual: ..... Monthly: .....

Purpose and nature of the business relationship.....

Expected investment size.....

Risk tolerance level:	Investment time horizon:
☐ Low ☐ Medium ☐ High	☐ Less than one year ☐ 1–3 years ☐ More than 3 years

Nature of the company›s activity

1. Is the company a financial institution?* ☐ Yes ☐ Other, please specify.....

2. In the past year, was 50% of your income derived from a non-operating source such as (dividends, interest, intellectual property royalties, rent, or other non-operating income)?

3. Do 50% or more of your assets generate non-operating income such as dividends, interest, intellectual property royalties, rent, or other non-operating income?

* Based on the definition of a financial institution according to the Foreign Account Tax Compliance Act (FATCA):
- Institutions that accept deposits in various forms.
- Or provide administrative and advisory services to investment custodians and offer trustee services, including managing and investing funds on behalf of others.
- Or trade money-market instruments and capital-market securities buying and selling for its own account or for its clients.
- or it is an insurance company that issues or is obligated to pay amounts arising from cash insurance contracts or annual payment contracts.
- or it is a holding, subsidiary, or affiliated company of a financial institution.

Information on Principal Owners, Authorized Signatories and Management

Names and addresses of shareholders holding more than 10 % of the company's capital (sign the Know Your Customer (KYC) Form for individuals).

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Names of authorized signatories (sign the Know Your Customer (KYC) Form for individuals).

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Names of Board of Directors members, Management Board, Board of Trustees, General Manager.

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Politically Exposed Person (PEP) Information

Is any authorized signatory a Politically Exposed Person (PEP)? ☐ Yes ☐ No

Reason for classification as a Politically Exposed Person:

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Written declaration by the client that he/she is the Beneficial Owner of the investment.

Are you the Beneficial Owner of the investment?: ☐ Yes ☐ No

Please specify the Beneficial Owner's name .....

Title: .....

Full name in Arabic:.....

Full name in English: .....

Nationality:..... Date of birth: .....

Place of birth: ..... Gender: .....

Document type: ☐ Passport ☐ Identity Card ☐ Military Service Certificate

Passport/ID number:..... Place of issue: .....

Issue date:..... Expiry date:.....

National number: ..... Date of birth: .....

Place of birth:..... Nationality:.....

Residence indicator: ☐ Resident ☐ Non-Resident Country of residence: .....

By reference to the Know Your Customer (KYC) Form signed by me on / / I hereby declare, by this letter, that I am the Beneficial Owner of the account and no other party, undertaking towards you to bear any legal liability that may arise should it be proven otherwise in the future.

Signature: .....

Parent company information

Parent company name in Arabic : .....

Parent company name in English: .....

Country of Incorporation of the Parent Company : .....

Parent company address:

Region: ..... Street name: .....

City: ..... Country: .....

Office number: ..... Building number: .....

Postal address:

P.O. Box: ..... Postal code: .....

City: ..... Mobile phone number: .....

Landline number: ..... Fax: .....

Email: ..... Website: .....

Address in the home country – if the legal entity is foreign:

Region: ..... Street name: .....

City: ..... Country: .....

Office number: ..... Building number: .....

Postal address in the parent country:

P.O. Box: ..... Postal code: .....

City: ..... Website: .....

Email: .....

Foreign Account Tax Compliance Act (FATCA) Indicators

Does the company hold U.S. citizenship? ☐ Yes ☐ No

What is the company›s U.S. tax identification number? (if any): .....

Does the company have an address in the United States?

☐ Yes (specify).....

☐ No

Does the company have a phone number in the United States?

☐ Yes (specify).....

☐ No

Where is the company›s head office located?.....

Does the company have a phone or address in the United States?

☐ Yes (specify).....

☐ No

Does the company have a source of income located in the United States?

☐ Yes (specify).....

☐ No

What is the expected income?:.....

Is any shareholder/partner a U.S. Resident?

Specify .....

Is any shareholder/partner a U.S. citizen?

Specify .....

Do any shareholders/partners own more than 10% in the company?

Specify .....

Is any authorized signatory a U.S. citizen?

Specify .....

If the answer is Yes to any of the FATCA questions, please sign:

Form W-9

Disclosure Authorization

If U.S. indicators are present and the company does not hold U.S. citizenship, please sign.....

I, the undersigned, hereby certify that all information provided is true and accurate.

Investor Name: .....

Date :.....

Authorized Signatories Signatures:

Authorized Signatory Name:	

Authorized Signatory Name:	

Authorized Signatory Name:	

Authorized Signatory Name:	