

Commercial Banking Customer KYC Form

A. ACCOUNT INFORMATION (To be filled by the Bank before dispatch to Customer)

Customer of: *Business Banking* *Corporate Banking*

Full Legal Company Name: _____
(As per Commercial Registration)

Account Number(s)	Date Account Opened	Account Status (active, dormant, frozen, closing, closed)

Customer's Present Address: _____
(As per Commercial Registration)

B. MANDATORY DOCUMENTS TO BE PROVIDED BY THE CUSTOMER (To be filled by the Bank before dispatch to Customer)

Kindly provide the following original documents to the Bank:

1. In the case of individuals: Identity Card (for Omani national) or Resident Card and Passport with valid Oman Visa page (for non-Omani national) for:
 - a. All the Immediate Owners as specified under Section I point (1) of this form.
 - b. All the Ultimate Beneficial Owners (UBO) as listed under Section I point (2) of this form.

2. In the case of juristic entities: Company Identification Document (ID) and for all Authorised Signatories as listed under Section 1 point (4), copies of their Identity Card (for Omani national), Resident Card and Passport with valid Oman Visa page (for non-Omani national). The original ID of any one of the Authorized Signatory ("A") must be sighted by the Bank Official; ID copies of all other Authorized Signatories to be certified by Signatory "A".

3. List the mandatory documents that must be provided if any against the documentation checklist below:-

Company Type	Mandatory Documents required	Customer to provide: (Original copies)
All Companies	<ul style="list-style-type: none"> Original Commercial Registration Certificate listing all shareholders and signatories 	
	<ul style="list-style-type: none"> Current Chamber of Commerce Certificate 	
	<ul style="list-style-type: none"> Computer Extract of Declaration on Commercial Register (computer print-out) 	
	<ul style="list-style-type: none"> Current authorised signatories registered with Ministry of Commerce and Industry (only for companies registered in Oman) 	
	<ul style="list-style-type: none"> Signing Instructions 	
	<ul style="list-style-type: none"> Attested Power of Attorney (if applicable) 	
	<ul style="list-style-type: none"> Last available set of yearly audited company accounts (only where company annual turnover exceeds OMR250,000 (USD\$650,000)) 	
SAOG, SAOC Companies	<ul style="list-style-type: none"> Memorandum and Articles of Association attested by Ministry of Commerce and Industry 	
General & Limited Partnerships	<ul style="list-style-type: none"> Partnership Agreement or Constitutive Contract signed by all partners and attested by Ministry of Commerce & Industry 	
LLCs	<ul style="list-style-type: none"> Constitutive Contract signed by all partners and attested by Ministry of Commerce & Industry 	
Holding Companies	<ul style="list-style-type: none"> Either in the form of a SAOG, SAOC or LLC therefore the relevant documents for the above entities will apply 	
Government of Oman	<ul style="list-style-type: none"> Documentary evidence of approval to conduct business 	
	<ul style="list-style-type: none"> Approval from Ministry of Finance 	
Branches of Foreign or Non-Resident Companies	<ul style="list-style-type: none"> Documentary evidence of approval to conduct business attested by Omani Embassy or any other GCC Embassy 	
For Clubs, Associations, Co-operatives, Charitable, Diplomatic Missions, Social and Professional Societies including Non-Government Organisations	<ul style="list-style-type: none"> Either in the form of a SAOG, SAOC or LLC therefore the relevant documents for the above entities will apply 	
	<ul style="list-style-type: none"> Official certification from the relevant Ministry that company has the designated status 	
	<ul style="list-style-type: none"> Constitution or Rules of the Club, Association or Society 	
	<ul style="list-style-type: none"> Power of Attorney for Diplomatic Mission 	
	<ul style="list-style-type: none"> Signing Instructions 	
	<ul style="list-style-type: none"> National ID and Passport of authorized signatories 	

C. LEGAL ENTITY DETAILS

Date of Establishment: _____

Nature of Business (a summary of the company's activities): _____

Commercial Registration Number: _____ **Commercial Registration Expiry Date:** _____

Legal Entity Type:

- Sole Trader / Proprietorship
- General Partnership
- Holding Company
- Branch of Foreign Company
- Charities
- SAOG Company
- Limited Partnership
- Government of Oman & State Owned Bodies
- Non-Resident Company
- Others, please specify: _____
- SAOC Company
- Limited Liability Company (LLC)
- Trusts

Listed Exchange (In case of companies listed on a stock exchange, please name the Exchange):

Issuer of Bearer Shares Yes* No

* Indication that the company is fully or partially constituted by bearer shares.

In case of charities, please list the names and types of persons in whose benefit the charity operates (charity beneficiaries), all countries in which beneficiaries of the charity reside (countries of beneficiaries) and operate (countries of operation) and the name of the regulator of the charity (Charity Regulator).

Charity Beneficiaries	Charity Countries of Beneficiaries	Charity Countries of Operation	Charity Regulator

Business Type (Please tick which category best describes your company):

- Agriculture, Hunting & Forestry
- Fishing
- Mining & Quarrying
- Manufacturing
- Electricity, Gas & Water Supply
- Construction
- Wholesale, Trading, Retail Trade
- Repair of cars, Motorcycles, Personal & Household Goods
- Hotels & Restaurants
- Transport, Storage & Communications
- Financial Intermediaries
- Real Estate, Renting & Business Activities
- Public Administration, Defense, Compulsory Social Security
- Education
- Health & Social Work
- Other Community, Social & Personal Service Activities
- International Organizations, Diplomatic & Consular Institutions
- Others

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Nature of account: Resident in Oman Non Resident*

* In case of Non-Resident Account kindly specify Country and Year of Incorporation, and Home Country address of the Parent Company, the purpose of account and provide the latest copy of the renewed Trade License of the Parent Company issued in the country of Incorporation.

Year of Incorporation _____

Country of Incorporation _____

For trusts, this is country of establishment. For Clubs and Societies, this is country of formation.

Purpose of Non Resident Account: _____

Home Country Mailing Address: _____

Home Country Residential Address: _____

D. FINANCIAL INFORMATION

1. Turnover

a. Your **Local sales turnover (OMR Million)**

Current _____ Projected _____

b. Your **Group sales turnover (OMR Million)**

Current _____ Projected _____

For Charities this should be the intended annual donations.

2. Name of the Group (Parent company) _____

Address _____

Is the parent group banking with HSBC Bank? Yes* No

(If yes please advise Branch and account number)

HSBC Bank (Branch) _____

Account number _____

3. Approximate Annual Revenue in OMR: _____

4. Approximate Assets in OMR: _____

5. Principal source of funds used to initiate the company's relationship with HSBC: _____

6. Source of capital used to undertake the business relationship with HSBC: _____

7. Name of the Auditor _____

E. GENERAL INFORMATION

1. Please state the purpose for which the account(s) listed under Section A of this form is/are being used (for example receipt of salary, pensions, money transfer) and the expected value of receipts into the account monthly in OMR.

Account Number(s)	Purpose of Account	Expected Value of Receipts (Monthly) in OMR

2. Does your company intend to make cross border payments from your accounts?

Yes* No

*If Yes, please explain:

The purpose of cross border payments, e.g. family remittance.	
The anticipated number of cross-border payments per month.	
The anticipated monthly value of cross- border payments in OMR.	
The countries that payments will be made to or received from.	
The currencies that cross border payments will be made in or received in.	

3. Does your company intend to make significant cash deposits?

Yes* No

*If Yes, please explain:

Why the company makes significant cash deposits (e.g. the company is paid in cash).	
The anticipated number of inbound payments per month.	
The anticipated monthly value of inbound payments in OMR.	
The currencies that payments will be received in.	
The anticipated number of outbound payments per month.	
The anticipated monthly value of outbound payments in OMR.	
The currencies that outbound payments will be made in.	

4. Please confirm if your company has gone through any Ownership change in the last 5 years or since opening your account with us?

Yes* No

*If Yes, please provide the related ownership change documents to the Bank separately to update Bank records if not already done so.

5. Please confirm if your company has gone through any Legal Entity status change in the last 5 years or since opening your account with us?

Yes* No

*If Yes, please provide the related mandate documents to the Bank separately to update Bank records if not already done so.

6. Please provide details of any other Personal or Business accounts you may have with HSBC both in Oman and abroad.

Account Name	Account Number
1.	
2.	
3.	
4.	
5.	

7. Please list the Related firms/Subsidiaries if any:

In Home Country:

_____	_____
_____	_____
_____	_____

Outside Home Country:

_____	_____
_____	_____
_____	_____

8. Number of employees in the Company: _____

F. COMMERCIAL INFORMATION

1. Please list the products/services merchandised by the company.

a. _____

b. _____

c. _____

d. _____

2. Are you authorised dealers for any products/services? If yes, please list below:

a. _____

b. _____

c. _____

d. _____

3. Please list the country of origin of the products/services dealt by the company:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

4. Please list the countries from where you source (import) the product along with percentages:

Countries	Percentage of your total imports

5. Please list the countries where you directly sell (export) the product along with percentages:

Countries	Percentage of your total exports

6. Please list the ultimate destination of your products i.e. where your product would be re-exported to:

Countries	Percentage of your total re-exports

7. Please provide names of your Top 5 Buyers and Top 5 Suppliers in the space provided below:

Buyers	Country

Suppliers	Country

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8. What types of customer does your company deal with? E.g. Individuals, other businesses, government, public bodies. For Charities, Clubs and Societies this will be the types of organisations they deal with.

G. CONTACT DETAILS

The below information will supersede all previous information provided and will be used for all future communication by the Bank.

Correspondence Address (As per Commercial Registration)	P. O. Box: _____ Post Code: _____ Postal Area: _____ Country: _____
Telephone Number	Office 1 _____ Office 2 _____
Fax	
Email	
Website/URL Address of the Company	
Primary Contact Person along with Contact Number	Name: _____ Position: _____ Contact No: _____ Name: _____ Position: _____ Contact No: _____ Name: _____ Position: _____ Contact No: _____
Company's physical address Note: Please attach location map if available	House/Flat No: _____ Building/Plot Name/No: _____ Way No: _____ Street (Name/No): _____ Area/Wilayat: _____ Nearest Landmark: _____

H. OTHER BANKERS INFORMATION (IF ANY):

Other Banks Used (in Oman and outside Oman)	Purpose			
	Operating Account (Yes / No)	Credit Facilities (Yes / No)	Trade Services (Yes / No)	Remittances (Yes / No)
1.				
2.				
3.				
4.				
5.				

I. DETAILS OF OWNERSHIP, DIRECTORS & AUTHORISED SIGNATORY(S) OF THE COMPANY

1. Following are the IMMEDIATE OWNERS of the company with shareholding of 10% or more:

Full Title and Name of Shareholder (as per Identity Card for Omanis and passport for Expatriates)*	Full Residential and P O Box Address of Shareholder	Identification Document Details ** (Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate/Company Registration for Companies)	Country of Residence/ Country of Head Quarters	Shareholding /Ownership Percentage (%)
		_____ ID/Resident Card Number _____ Passport Number _____ Date of Birth _____ Company Registration No _____ Nationality / Incorporation _____ HSBC Customer Number		
		_____ ID/Resident Card Number _____ Passport Number _____ Date of Birth _____ Company Registration No _____ Nationality / Incorporation _____ HSBC Customer Number		
		_____ ID/Resident Card Number _____ Passport Number _____ Date of Birth _____ Company Registration No _____ Nationality / Incorporation _____ HSBC Customer Number		

Full Title and Name of Shareholder (as per Identity Card for Omanis and passport for Expatriates)*	Full Residential and P O Box Address of Shareholder	Identification Document Details ** (Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate/Company Registration for Companies)	Country of Residence/ Country of Head Quarters	Shareholding /Ownership Percentage (%)
		_____ ID/Resident Card Number _____ Passport Number _____ Date of Birth _____ Company Registration No _____ Nationality / Incorporation _____ HSBC Customer Number		
		_____ ID/Resident Card Number _____ Passport Number _____ Date of Birth _____ Company Registration No _____ Nationality / Incorporation _____ HSBC Customer Number		

* For non-individuals – Please state Full name of the company (correspondence /short name will be same)

**For Individuals – Please state Passport No., Identity/Resident Card Number, Date of Birth and Nationality.

**For Companies – Please state Registration No. and Country of Incorporation. (Please provide Copy of Certificate of Incorporation).

2. **Following are the details of the INDIVIDUALS who ultimately beneficially own 10% or more of our Company (i.e. the entity opening/holding account with HSBC)** (Applicable only if corporate entities are shown as owners/ shareholders under Section1) (For names of Individuals already covered under Section1, please mention only the name and shareholding percentage)

A Beneficial Owner is the natural person(s) who ultimately owns or controls a customer and/or person on whose behalf transaction is being conducted. It also incorporates those persons, government, exchange listed owners and others who exercise ultimate effective control over a legal person or arrangement.

Full Title and Name of the ultimate beneficial owner (individual) holding 5% or more * (as per Identity Card for Omanis & passport for Expatriates)	Full Residential and P O Box Address the ultimate beneficial owner	Identification Document (Details of Identity Card for Omani national, Resident Card and Passport with valid Oman Visa page for Expatriate and Company Registration for companies, etc.)	Ownership Percentage (%)
		<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> Company Registration No <hr/> Country of Incorporation <hr/> HSBC Customer Number	
		<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> Company Registration No <hr/> Country of Incorporation <hr/> HSBC Customer Number	

Full Title and Name of the ultimate beneficial owner (individual) holding 5% or more * (as per Identity Card for Omanis & passport for Expatriates)	Full Residential and P O Box Address the ultimate beneficial owner	Identification Document (Details of Identity Card for Omani national, Resident Card and Passport with valid Oman Visa page for Expatriate and Company Registration for companies, etc.)	Ownership Percentage (%)
		<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> Company Registration No <hr/> Country of Incorporation <hr/> HSBC Customer Number	
		<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> Company Registration No <hr/> Country of Incorporation <hr/> HSBC Customer Number	

- * For non-individuals – Please state Full name of the company (correspondence /short name will be same)
- ** For Individuals – Please state Title first, followed by Family name and other given names. Please state Passport Number, Identity/Resident Card Number, Date of Birth and Nationality.
- ** For Companies – Please state Registration No. and Country of Incorporation. (Please provide Copy of Certificate of Incorporation).
- ** If any corporate entity stated under section 1 is listed in a stock exchange, please provide the details here along with documentary evidence.

3. Following are the details of the Directors of our company:

Full Title and Name of the Director * (as per Identity Card for Omanis and passport for Expatriates)	Full Residential and P O Box Address of the Director**	Country of Residence**	Identification Document Details of the Director ** (Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)
			<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number
			<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number
			<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number
			<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number

Full Title and Name of the Director * (as per Identity Card for Omanis and passport for Expatriates)	Full Residential and P O Box Address of the Director**	Country of Residence**	Identification Document Details of the Director ** (Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)
			<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number

- * Please state Title first, followed by Family name and other given names and position in the company (Share Holder/ Director/ Power Of Attorney holder)
- ** For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1 / 2 refers'
- *** Any changes in the mandate to be advised separately.

4. Details of Authorized Signatories for the account(s) of our company:(As advised to the Bank***)

Full Title, Name & Position in the Company of the Signatory * (Full name as per Identity Card for Omanis and passport for Expatriates)	Purpose of Access to each Account	Full Residential and P O Box Address of the Signatory**	Country of Residence**	Identification Document Details of the Signatory ** (Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)
				<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number
				<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number
				<hr/> ID /Resident Card Number <hr/> Passport Number <hr/> Date of Birth <hr/> Nationality <hr/> Country of Residence <hr/> HSBC Customer Number

Full Title, Name & Position in the Company of the Signatory * (Full name as per Identity Card for Omanis and passport for Expatriates)	Purpose of Access to each Account	Full Residential and P O Box Address of the Signatory**	Country of Residence**	Identification Document Details of the Signatory ** (Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)
				_____ ID /Resident Card Number _____ Passport Number _____ Date of Birth _____ Nationality _____ Country of Residence _____ HSBC Customer Number
				_____ ID /Resident Card Number _____ Passport Number _____ Date of Birth _____ Nationality _____ Country of Residence _____ HSBC Customer Number

* Please state Title first, followed by Family name and other given names and position in the company (Share Holder/ Director/ Power Of Attorney holder)

** For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1 / 2 refers'

*** Any changes in the mandate to be advised separately.

5. Details of Other Influential parties in our company (E.g. Chief Financial Officer, Chief Operating Officer):

(As advised to the Bank*)**

Full Title, Name & Position in the Company * (Full name as per Identity Card for Omanis and passport for Expatriates)	Full Residential and P O Box Address of the Signatory**	Country of Residence**	Identification Document Details of the Signatory ** (Identity Card for Omani national or Resident Card and Passport with valid Oman Visa page for Expatriate)
			_____ ID /Resident Card Number _____ Passport Number _____ Date of Birth _____ Nationality _____ Country of Residence _____ HSBC Customer Number
			_____ ID /Resident Card Number _____ Passport Number _____ Date of Birth _____ Nationality _____ Country of Residence _____ HSBC Customer Number
			_____ ID /Resident Card Number _____ Passport Number _____ Date of Birth _____ Nationality _____ Country of Residence _____ HSBC Customer Number

* Please state Title first, followed by Family name and other given names and position in the Company (Share Holder/ Director/ Power Of Attorney holder)

** For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1 / 2 refers'

*** Any changes in the mandate to be advised separately.

6. **Following are the Political Persons of the Owners/Directors/Signatories listed above:** (Political Person is a person who is or has been a senior official in the Executive, Legislative, Administrative, Military or Judicial sectors of a Government and his/her close associates / immediate family members are or have been in such a position)

Title and Name in Full (as per Identity Card for Omanis and passport for Expatriates)	Position Held in the Company (Shareholder/ Director/Signatory)	Position held in the Government Please mention Government Department (to be completed if the Owner / Director / Signatory/ Influential Party is a Political Person)	If an immediate Family Member or Close Associate of person is a Political Person, please mention details: Name, Position held, Name of Government Department, Relationship with the Owner / Director / Signatory

By completing/declaring the details above:

- I hereby certify that all information provided herein above are true and correct as of the signature date.
- I undertake to notify the bank of any changes to the information provided.

Signature of Authorized Signatory (As per Bank's Records): _____

Name of the Authorized Signatory: _____

Position in the Company: _____

Date: _____ Company Stamp: _____