

## COMPLIANCE

### KYC FORM

Please ensure that you submit a fully filled, signed, and stamped form. Incomplete forms may cause delays. Retain a copy of this form and other correspondences for future reference. Kindly note that all applicable fields are mandatory.

1. Company Details	
Registered Company Name	
Previous Name of the Company (if applicable)	
Company's Legal Status (proprietorship/partnership/corporation/others)	
Parent/Group/Holding Company's Name (if Applicable)	
Registered Address	
P.O. Box	
Is the Company classified as a PEP* (Politically Exposed Person) or SOE (State Owned Enterprise)?	PEP/SOE <input type="checkbox"/> Local Government <input type="checkbox"/> Federal Government <input type="checkbox"/> No <input type="checkbox"/>
<b>Company Legal Form:</b> (Please tick one of the 6 options)	DNFBP's Real Estate Agents <input type="checkbox"/> Trust & Legal Arrangement <input type="checkbox"/>
	DNFBPs Dealers of Precious Metals/Stones <input type="checkbox"/> Non-Profit Organisation <input type="checkbox"/>
	DNFBPs Trust & Company Service Providers <input type="checkbox"/> Others (Specify): <input type="checkbox"/>
Others (Specify):	

2. Contact Details - Primary		
	Business	Finance
Name		
Department & Business Title		
Telephone Number (Extension) and Mobile Number		
Email ID		



### 3. Details of CEO or Senior Management\*\*

Name (Full Name Including Surname)	Designation	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes/No)
				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"/>

### 4. Details of Board of Directors

Name (Full Name Including Surname)	Designation	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes/No)
				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"/>

### 5. Details of Shareholders (holding 10% and above)

Name (Full Name Including Surname)	% of shares held	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes/No)
				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"/>

### 6. Details of Ultimate Beneficial Owner\*\*\*

Name (Full Name Including Surname)	% of shares held	Date of Birth (dd/mm/yyyy)	Nationality	PEP (Yes/No)
				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"/>



### 7. Additional Information

Are you represented by a broker?  
If yes, please specify the name of the broker

Name:

Yes ☐
No ☐

Are you VAT registered?  
If yes, please mention the VAT Number

Vat Number:

Yes ☐
No ☐

Have you/any of your subsidiaries ever had a policy from Sukoon Insurance PJSC (hereinafter referred to as "Sukoon") in the past 5 years?

Yes ☐
No ☐

	Year	Entity Name	Phone Number
If yes, please provide the reference(s) of the entities/subsidiary with previous established relationship with Sukoon (if applicable)			

### 8. Compliance

Does the Company have procedures to comply with corresponding Anti Money Laundering and Counter Terrorist Financing Legislation including United Nation Sanctions in own country?

Yes ☐
No ☐

If no, what are the steps the company is taking to comply with the requirements?

**Conflict of Interest**  
Please confirm if, to the best of your knowledge, you are aware of any actual, perceived, or potential conflict of interest that will or may arise as a result of your/your organisation's involvement in the aforementioned/proposed transaction.

There is a conflict ☐
There is no conflict ☐

If you have selected 'there is a conflict' above, please explain the conflict:

**Source of Fund**  
(please specify as to from where your Entity derives its funds from)



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## 9. Bank Account Details

Bank Account Title

Bank Branch and Address

IBAN #

Swift Code

Note 1: Sukoon reserves the right to cancel or alter the credit facility agreement, limits and/or credit period at its sole discretion;

Note 2: In case of non payment within agreed terms/limits, Sukoon reserves the right to:

- (a) suspend/hold or block the account;
- (b) reduce or withdraw the credit facility;
- (c) OFFSET/ADJUST claims or any other payable balances against the unpaid premiums.

## 10. Authorisation

I, the undersigned, hereby authorise:

- a. Sukoon to use any of its approved verification agencies to make further inquiries from any available source of information, or any person or entity to enquire and assess the financial position of our company;
- b. Al Etihad Credit Bureau to prepare an electronic copy of the company's Credit Report and email it to the [creditcontrol@sukoon.com](mailto:creditcontrol@sukoon.com) whenever requested by Sukoon. I am aware of and accept on my responsibility all risks resulting from sending documents by email;
- c. Sukoon, at any time and at its absolute discretion, to obtain from and/or to use and/or disclose the particulars and information provided in this form and/or even otherwise known to Sukoon including any breach of obligations or defaults from/to any other entity, individual, organisation, institution or financial institutions or banks, debt collection agencies or credit bureaus;
- d. Sukoon to disclose your details (including personal data) to our relevant third parties/reinsurers/service providers as may be applicable, whether in or outside the U.A.E. and to store and/or process such data/information directly or indirectly within or outside the U.A.E.
- e. Sukoon to collect, use, and process personal data in accordance with Sukoon's privacy policy as published on <https://www.sukoon.com/privacy-policy>, and which has been duly read, understood, and agreed by all relevant stakeholders.

## 11. Attachments

Printed signed and stamped copy of this form ☐

Copy of Commercial License ☐

Copy of VAT Certificate ☐



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## 12. Declaration

We hereby confirm that we are duly established with \_\_\_\_\_ authority ('Registration Authority') and that based on the Registration Authority rules and regulations, we have only been issued with the following documents as part of the formation of our company.

(Please tick as applicable and share the applicable documents along with the KYC form)

Memorandum of Association/  
Certificate of incorporation ☐

Articles of Association ☐

Other Document  
(Please Specify):

By submitting this form, you attest and attain that you are authorised to complete this form on behalf of your organisation, that the information provided is correct and true to the best of your knowledge and you are not aware of any circumstances that you have not disclosed to us which might influence our assessment ; and I/we undertake to inform you of any material alteration or addition to these statements or particulars which occurs. Falsifying any information or incomplete form will result in rejection of the application by Sukoon.

Authorized Company Signature

Company Stamp

Date (dd/mm/yyyy)

\*Politically exposed persons are Natural persons who are or have been entrusted with prominent public functions in the State or other foreign country.

\*\*For the purpose of senior management, please mention the names who holds power of attorney.

\*\*\*Ultimate Beneficial Owner is a natural person(s) who owns or exercises effective ultimate control, directly or indirectly over the entity.

## GUIDELINES

### HOW TO DOWNLOAD & FILL EDITABLE E-FORM

Use the provided link to download the editable e-form to your device. Then, right-click the saved form and open it using Adobe Acrobat Reader (or any software supporting editable forms).

These guidelines only apply to those using Adobe Acrobat Reader.

#### How to fill out the form?

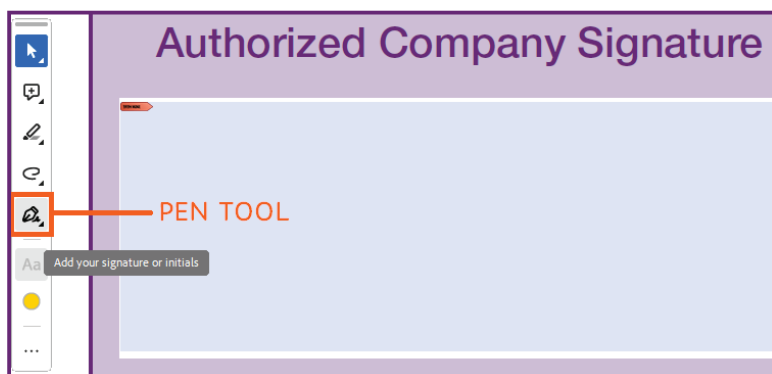
Since the form is editable, you can fill it on the same device on which it has been downloaded.

Please make sure that you complete all mandatory field, at least, by providing accurate information, and check all boxes as applicable and needed.

#### How to add an Electronic Signature?

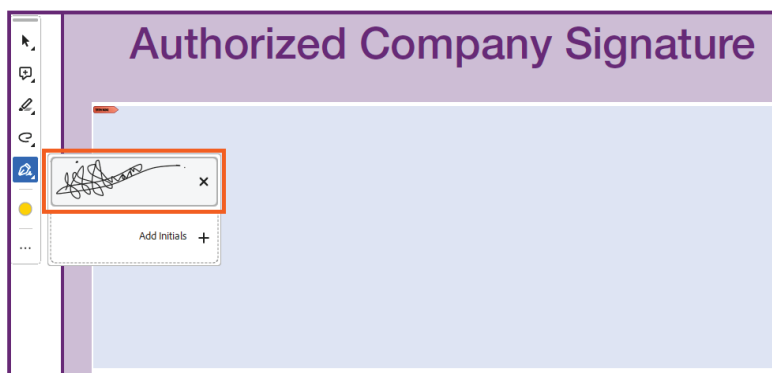
##### Option 1

Select the pen tool, 'draw' the sign on your screen, and drag-drop the signature into the designated box.



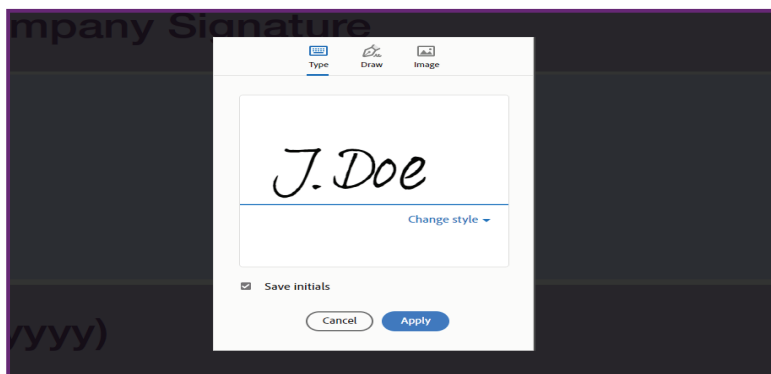
##### Option 2

If you have already prepared and saved a signature before using the pen tool, you can insert the same as an image by clicking the same pen tool.



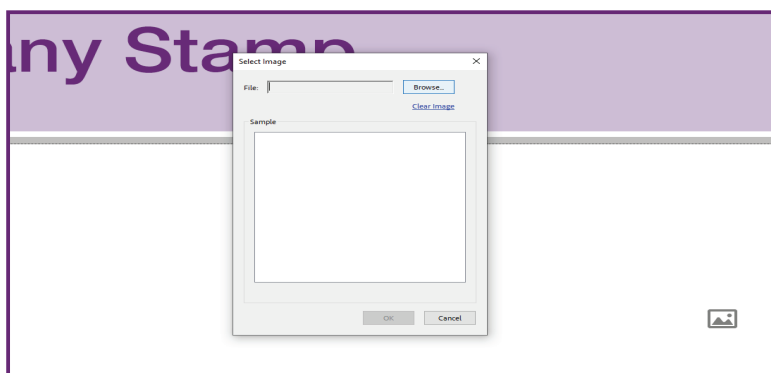
### Option 3

Expand the pen tool, click on 'add initials', and create a digital signature using the "type" option. Please make sure that it is created and saved on the same device as the form.



### How to insert a Stamp?

Click on the stamp box. Then, browse your computer (or device on which you have downloaded the form and filling it) for the stamp and insert it.



### Completing the form

Once the form is filled out, signed and stamped, save the form. It will then be locked, thereby preventing you and others from making any further changes to it. So, take your time and review the form thoroughly before saving it.