

### Know Your Customer Update Form (KYC) For Companies

#### Company Details

Company/ Firm Name (Commercial Feature):

#### Sector

Services      Export/ Import      Agriculture      Construction      Manufacturing      Tourism  
Education Sector      Wholesale      Trading      Retail      Non profit Organization  
Others (Please Specify):

Line of Business:

Purpose of account:

#### Commercial Registration Number:

Registration Place:

Issuance Date: / /      Expiry Date: / /

Country of Incorporation/ Registration:

business activity start up date: / /

Date of Incorporation: / /

#### Taxation Card Number:

Issuance Place:

Issuance Date: / /      Expiry Date: / /

Tax Residence Country:

Importation Card Number:

Exporter's Register:

#### Legal Status and other Information:

Joint Stock      Joint Partnership  
Sole Proprietorship      Limited Liability Company  
Others (Please Specify):

Expected annual turnover:

Last Year Annual Sales:

#### Expected Annual Revenue (EGP)

Please tick the relevant bracket hereunder:

Below 500,000      From 500,000 to 1,000,000  
From 1,000,000 to 10,000,000      From 10,000,000 to 100,000,000  
Above 100,000,000

#### Paid-in capital (in EGP/FCY):

#### Authorized Capital (in EGP/FCY):

The date of last approved Balance Sheet:

Number of Branches:

Number of Employees:

Country of Headquarters:



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|   |     |                             |
|---|-----|-----------------------------|
| Are you a Subsidiary/ Sister Company of another Organization? | Yes | No                          |
| If yes please Specify:  |     |                             |
| Subsidiary of   |     | (More than 50%              |
| Associate of  |     | (More than 20 - 50%         |
| Customer # with CIB if any:                                   |     | Customer # with CIB if any: |
| Is there any foreign investments or partner/shareholder?      | Yes | No                          |
| Percentage (If Yes)   |     |                             |

#### Mother Company Details (if Applicable)

Company Name:

Date of Incorporation:     /     /

Country of incorporation:

Principle place of operations :

#### Address

|                  |              |
|------------------|--------------|
| Building Number: | Street:      |
| District:        | Postal Code: |
| City:            | P.O. Box:    |
| Governorate:     | Country:     |

#### Communication Details

##### Company Address in Egypt:

|                  |                   |
|------------------|-------------------|
| Building Number: | Street:           |
| District:        | Postal Code:      |
| City:            | P.O. Box:         |
| Governorate:     | Mobile number:    |
|                  | Telephone number: |

Contact Person:

E-Mail Address:

##### Factory Address (If Applicable):

|                  |              |
|------------------|--------------|
| Building Number: | Street:      |
| District:        | Postal Code: |
| City:            | P.O. Box:    |
| Governorate:     | Country:     |

Contact Person:

##### Correspondence Mailing Address:

|                  |              |
|------------------|--------------|
| Building Number: | Street:      |
| District:        | Postal Code: |
| City:            | P.O. Box:    |
| Governorate:     | Country:     |
| Contact Name:    |              |

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Contact Position:

Contact Mobile Number: +

Telephone Number(s): +

Fax Number(s): +

Website:

E-mail:

**Kindly provide details of Owner/ Partners or Shareholders with over 10% share and Authorized persons:**

Is there any foreign partners or shareholders? Yes No

Name:

Capacity: Owner (Please fill separate know your customer form)

Partner (Ownership %)

Shareholder (Share %)

Authorized Person

Nationality:

National ID No.:

Passport / Refugees Travel Document No.:

Issuance date: / / Expiry date: / /

Place of Issuance:

Country of Birth:

Date of Birth: / /

Mobile Number(s): +

Telephone Number(s): +

E-mail Address:

Residential Address:

Country of Residence:

Mailing Address:

Do you have other nationalities ? Yes No

**If yes, please specify the below:**

Nationality:

Passport number:

Issuance date: / / Expiry date: / /

Place of Issuance:

Are you a US resident ? Yes No

Name:

Capacity: Owner (Please fill separate know your customer form)

Partner (Ownership %)

Shareholder (Share %)

Authorized Person



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Nationality:

National ID No.:

Passport / Refugees Travel Document No.:

Issuance date:        /        /

Expiry date:        /        /

Place of Issuance:

Country of Birth:

Date of Birth:        /        /

Mobile Number(s):        +

Telephone Number(s):        +

E-mail Address:

Residential Address:

Country of Residence:

Mailing Address:

Do you have other nationalities ?        Yes        No

**If yes, please specify the below:**

Nationality:

Passport number:

Issuance date:        /        /

Expiry date:        /        /

Place of Issuance:

Are you a US resident ?        Yes        No

Name:

Capacity:        Owner (Please fill separate know your customer form)  
                         Partner        (Ownership %)  
                         Shareholder        (Share %)  
                         Authorized Person

Nationality:

National ID No.:

Passport / Refugees Travel Document No.:

Issuance date:        /        /

Expiry date:        /        /

Place of Issuance:

Country of Birth:

Date of Birth:        /        /

Mobile Number(s):        +

Telephone Number(s):        +

E-mail Address:

Residential Address:

Country of Residence:

Mailing Address:



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Do you have other nationalities ?      Yes      No

**If yes, please specify the below:**

Nationality:

Passport number:

Issuance date:      /      /      Expiry date:      /      /

Place of Issuance:

Are you a US resident ?      Yes      No

Please specify whether any of the entity's shareholders (UBO), board of directors, senior management has ever been appointed or assumed any political position.      Yes      No

If Yes. Please Specify

| Name | Position within the entity | PEP Position |
|------|----------------------------|--------------|
| 1    |                            |              |
| 2    |                            |              |
| 3    |                            |              |

### Financial Details

**Main Source of company's annual revenue:**

Is the entity a financial institution?      No      Yes

Do other sources of income such as (Interest, Dividends, Rents, Royalties .... etc) represent more than 50% of the company's annual revenue?      No      Yes

Does more than 50% of the company's assets generate other sources of income such as (Interest, Dividends, Rents, Royalties .... etc)?      No      Yes

**Company's Stamp (If any):**

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### Declaration

- I/We hereby declare that the information given above is true and correct and we will notify the bank within 30 days in case of any changes occurring on the given information and provide the Bank with a new extract of the commercial register every year.
  - The Bank has the right to obtain any required data / information related to me from any other source (CBE, Banks or Credit information and Credit Scoring Agencies). Similarly, the Bank is entitled to provide same information /data upon request from sources stated above without any liability on the Bank.
  - I/We hereby declare the bank's right to disclose any information related to our transactions and accounts kept at the bank, with no need to obtain our prior written consent, and this is whenever the bank is taking any legal action to prove, reserve, protect or to fulfill the bank's right in all cases, or if such disclosure is required by the virtue of any applicable laws, regulations or professional requirements.
1. Our complete knowledge, awareness and acceptance of the fees, expenses, commissions and interest list as applied at the Bank on all of the products and services provided to us, and that the said list is announced at all of the Bank's branches and communication channels including the Bank's official website. Furthermore, we hereby declare the Bank's right to amend the said list periodically without reverting to us for any approvals.
  2. In case we wish to close the, or stop the usage of the Bank's product or service, subject of the above-mentioned request/contract, we are obliged to head to the nearest branch and/or contact the Bank's call center to inquire for the applied fees and discounts from the Bank's side (if any) without any liability or responsibility on the Bank's part.
  3. In case we witnessed any fraudulent , or theft act on any of our accounts held at the Bank or the loss of any of the Bank Cards delivered to us from the Bank (in all its forms), we are obliged to head to the nearest branch and/or contact the Bank's call center to report and prove the said situation in order to allow the Bank to take the necessary actions and procedures in order to ensure and verify this situation and to prevent the occurrence of any damages to us (if possible), without any liability or responsibility on the Bank's Part in this regard.
  4. Our complete knowledge and awareness by the applied complaints mechanism at the Bank through the printed flyers available at the Bank's Branches, emails, or call center. Furthermore, we hereby declare that in case we have any complaints, we are obliged to revert back to the Bank in this regard first, and we shall not submit any complaints at Central Bank of Egypt (CBE) unless we did not receive any replies from the Bank's side within the agreed on time frame and through the agreed on methods, as announced to the customers from the Bank's side.
  5. The Bank has the right, upon its sole discretion and with no need to obtain the client's consent, to extract a recent commercial register on behalf of the company and to deduct the issuance fees from the company's account.

### Terms and Conditions for Inactive/Dormant Accounts

We acknowledge and fully understand the following definitions, rights, and duties that the relevant employee has explained to us:

1. Dormant Account: An account where none of the following transactions have taken place for one year for current accounts and two years for savings accounts: Withdrawals, deposits, transfers, authenticated balance inquiries or electronic balance inquiries through the available electronic inquiry channels that the bank provides. Transactions carried out by the Bank on the customer's accounts, such as deducting fees or adding interest, do not qualify as actions that make an account active.
2. Customers with Dormant Accounts: Customers whose bank accounts are dormant.
3. Active Account: An account where a transaction (withdrawal, deposit, transfer, authenticated balance inquiries or electronic balance inquiries through the available electronic inquiry channels that the bank provides) was carried out within at least one year for current accounts and two years for savings accounts through any of the

Bank's branches or its other available means of communication or digital channels.

4. If the customer has other active accounts, he/she has the right to activate his/her dormant accounts after his/her identity is verified according to the Bank's regulations by visiting the nearest branch or through any other available means of communication.
5. If the account is considered dormant, the customer must perform the following actions: authenticate account balance and submit a written request to reactive account, through any available means of communication and according to the Bank's regulations in this matter.
6. The Bank has the right to close the account if a year has passed since the balance reached zero and the customer did not reactive the account.
7. Drawn checks will continue to be cashed and standing instructions will be carried out on dormant accounts and they will not be considered account reactivation.

### Name of Authorized Signatory:

### Authorized Signature:

### For Bank Use Only

Customer Number: .....

Account Number: .....

Size: .....

Industry: .....

☐ Delivered by Hand ☐ Delivered by Mail

### Compliance pre-fact clearance required for foreign entities and parties

Internet negative list/ OFAC/ World Check: .....

Checked by: ..... Signature: .....

Data entered by: ..... Signature: .....

Approved by: ..... Signature: .....

