

KNOW YOUR CUSTOMER FORM (KYC) – LEGAL ENTITY

Important Instructions: Fill the form in Full

INSURANCE DETAILS

Application Type	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
Class of Insurance requested		

APPLICANT DETAILS

Full Name of the Entity		
Licensing Authority & Legal Status		
Trade License Number [Attach a Copy]		
Date of Expiry of Trade License		
Business Activity[ies]		
Is the Entity listed in a Stock Exchange/Financial Market	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, Name of the Stock Exchange/Financial Market		
Is the Entity classified as a Licensed Financial Institution/ Insurance Company/ DNFBP/ VASP / NPO **	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, is the entity Licensed by any regulatory authority	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, mention the Name of the Licensing Authority & The License No [Attach a Copy]		
• License Expiry Date		
• Has the Licensed Entity implemented an AML-CFT Framework within the Organization [Attach a Copy]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Is the Licensed entity registered on the GoAML Portal by FIU? [Attach a Copy of Proof]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there a Trust Company holding Shares/Partnership of the entity at any levels of Beneficial Ownership [UBO].	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, provide details of Settlor & Trustees as annexure [Attach a Copy of Proof]		
In the last 6 months, have you submitted KYC documents to DIN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, for which class of Insurance		
Registered Office Address		
Contact Person Name		
Office Landline Number		
Mobile Number		
Email Address		
Company Website Details		

GROUP ENTITY DETAILS

Note: Please validate with documents submitted to the Licensing Authority for the Ultimate Beneficial Owner details [UBO].

Parent Entity Name			
Place of incorporation			
Licensing Authority/ Registration Details [Attacha copy of Registration Extracts /Proof]			
Is the Entity listed in a Stock Exchange / Financial Market	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
• If Yes, provide links to the listings website			
Company Website Details			

VAT DETAILS

Registered for VAT	<input type="checkbox"/> Yes	<input type="checkbox"/> No
VAT Registration Number		
If No, provide reason for not registering with VAT		

PAYER BANK ACCOUNT DETAILS

S.N.	Account Name/Title	IBAN / Account Number	Bank Name	Branch
Mode of Payment		<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit /Credit Card	<input type="checkbox"/> Cash

SOURCE OF FUNDS

<input type="checkbox"/> Operations / Trading / Business
<input type="checkbox"/> Funding from Parent Entity
<input type="checkbox"/> Finance [from other financial institutions]
<input type="checkbox"/> Other [Please Specify]:

KYC INFORMATION FOR TRADE BASED ENTITIES WHO ARE INTO IMPORT/EXPORT/RE-EXPORT

Does your entity deal in dual-use or other controlled goods as classified by EOCN [goods used for both civilian & military purposes]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If Yes, Are you licensed to trade in such goods	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Does trade involve the transshipment of goods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• Do you trade with sanctioned jurisdiction or to an area that borders a sanctioned jurisdiction [Iran, Democratic People's Republic of Korea, Myanmar]	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Provide Specific details to the above if any:		

CUSTOMER DECLARATION

I, on behalf of (_____) hereby declare that all documents submitted are true copies of the originals and the information on this form are true and complete. We shall furnish DIN with any additional documentation as and when required for KYC and Due diligence purposes and at an event of any change in the information provided above, we shall notify DIN in a timely manner. We also declare to DIN that our business activities and the source of funds utilized for the payment of Premiums are free from any Money Laundering or Terrorist Financing activities and that we abide by the PF, AML/CFT rules of UAE.

Authorized Official's Name: _____

Signature: _____

Date: _____

Company seal

Note: The KYC Documents, information, UBO & PEP Declaration should be collected in accordance with the Central Bank Directive and Cabinet Decision No. 10 of 2019, together with the UBO Details as per Cabinet Decision No. 109 of 2023 on the regulation of the real beneficiary procedures. Any information shared with DIN will be treated with utmost confidentiality and will be utilized strictly by the AML Compliance team of DIN and there are no cross border transfer of any data carried out by the staff of DIN, except at an event of an adverse situation where DIN would be obliged to provide the information requested by the Law enforcement authorities and or Supervisory Authorities [CBUAE, Financial Intelligence Unit or the Executive Office, etc.] of UAE.

DETAILS

DNFBP: Designated Non-Financial Business or Profession - Real Estate Agents & Brokers, Dealers in Precious Metals & Stones, Trust & Corporate Service Provider, Lawyers, Notaries & Legal Professionals, Auditors & Independent Accountants

VASP: Virtual Asset Service Providers

NPO: Non-Profit Organization