

Account Opening Application-Corporate

The Account Opening Form is an integral part of the account opening requirements and, is always read and interpreted in conjunction with the forms approved by **Noor Capital Markets for International Markets and Financial Brokerage.(W.L.L)**, referred to as "NCM", with including terms and conditions of dealing, "and" terms of special dealing, and any other approved forms.

Date:/..../.... Account No. Customer Name:

Account Type: Corporate

Form (1): Know Your Customer (KYC)

First: Company and Contact Information			
Company's Full Name in Arabic			
Short Name			
Company's Full Name in English			
Short Name			
Legal Form			
Country:		City:	
District:		Street:	
Nearest Landmark:			
Building No.:		Tel. 1:	
Tel. 2:		Fax:	
P.O. Box:		Postal Code:	
Company's E-Mail :			
Company's Website:			
Company Residency:		<input type="checkbox"/> Local <input type="checkbox"/> Foreign	
Second: Company Activity			
Type of activity practiced by the company			
Economic sector			
The company's capital			
The company's national number			
The company's tax number			
Registration number and date		Number:	Date:
Registration Authority			

Third: Owners, shareholders and partners whose shareholding exceeds (10 %) and their addresses (must get a copy of ID document for each shareholder (must get a copy of ID Document for each employee, plus Sign on Individual KYC Form and FATCA Form))				
First:				
Full Name	First Name	Father's Name	Grandfather's Name	Family Name
In Arabic Lang.				
In English Lang.				
Place of Birth			Date of Birth / /	
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Nationality	<input type="checkbox"/> Jordanian		<input type="checkbox"/> Non-Jordanian	
In case of Multiple Nationalities	Number of Nationalities..... Name of other Nationality (Nationalities)			
Document Type:	<input type="checkbox"/> ID <input type="checkbox"/> Passport <input type="checkbox"/> Family Book			
Document No.:	National No.:			
Place of Issue:	Date of Issue:		Date of Expiry:	
Shareholding Percentage: (%)				
Second:				
Full Name	First Name	Father's Name	Grandfather's Name	Family Name
In Arabic Lang.				
In English Lang.				
Place of Birth			Date of Birth / /	
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Nationality	<input type="checkbox"/> Jordanian		<input type="checkbox"/> Non-Jordanian	
In case of Multiple Nationalities	Number of Nationalities..... Name of other Nationality (Nationalities)			
Document Type:	<input type="checkbox"/> ID <input type="checkbox"/> Passport <input type="checkbox"/> Family Book			
Document No.:	National No.:			
Place of Issue:	Date of Issue:		Date of Expiry:	
Shareholding Percentage: (%)				
Third:				
Full Name	First Name	Father's Name	Grandfather's Name	Family Name
In Arabic Lang.				
In English Lang.				
Place of Birth			Date of Birth / /	
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Nationality	<input type="checkbox"/> Jordanian		<input type="checkbox"/> Non-Jordanian	
In case of Multiple Nationalities	Number of Nationalities..... Name of other Nationality (Nationalities)			
Document Type:	<input type="checkbox"/> ID <input type="checkbox"/> Passport <input type="checkbox"/> Family Book			
Document No.:	National No.:			
Place of Issue:	Date of Issue:		Date of Expiry:	
Shareholding Percentage: (%)				

Fourth:				
Full Name	First Name	Father's Name	Grandfather's Name	Family Name
In Arabic Lang.				
In English Lang.				
Place of Birth			Date of Birth / /	
Gender	<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Nationality	<input type="checkbox"/> Jordanian		<input type="checkbox"/> Non-Jordanian	
In case of Multiple Nationalities	Number of Nationalities.....		Name of other Nationality (Nationalities)	
Document Type:	<input type="checkbox"/> ID <input type="checkbox"/> Passport <input type="checkbox"/> Family Book			
Document No.:	National No.			
Place of Issue:	Date of Issue:	Date of Expiry:		
Shareholding Percentage: (%)				
Fourth: Persons holding senior management positions (must get a copy of ID Document for each employee, plus Sign on Individual KYC Form)				
Full Name:		Position:		
Full Name:		Position:		
Full Name:		Position:		
Full Name:		Position:		
Fifth: The Company's Authorized Signatories (must get a copy of ID document for each employee (must get a copy of ID Document for each authorized signatory, plus Sign on Individual KYC Form and FATCA Form)				
Full Name:		Position:		
Full Name:		Position:		
Full Name:		Position:		
Full Name:		Position:		
Sixth: Subsidiaries				
Are there subsidiaries?				
If yes, please specify the type of relationship (sister, subsidiary, affiliate, other ...)				
Shareholding Percentage: (%)				
Seventh: General Information				
Why you choose NCM Co.:				
Expected portfolio amount:				
Total income for the last year				
Net income for the last year				
Eighth: Customer's bank accounts information				
Methods of depositing into accounts	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Transfers <input type="checkbox"/> Other (please specify)			
Remittances:	Countries expected to receive and send remittances to and from			
	Amounts expected to be received/sent			
Bank Name:				
Account Type:				
IBAN No.:				
Ninth: Purpose of Investment				
What is the purpose of the investment?				
Level of Investment Experience: <input type="checkbox"/> Limited <input type="checkbox"/> Good <input type="checkbox"/> High				
Expected Investment Period: <input type="checkbox"/> Short Term <input type="checkbox"/> Medium Term <input type="checkbox"/> Long Term				
Risk Tolerance: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High				

Declaration (1)

I, the undersigned, hereby declare that all funds including funds I transferred and/or will transfer to my account(s) with " NCM " for the purposes of selling and/or buying securities and other investments in local and foreign markets have legitimate and legal sources, and are not derived from any criminal activity at the local and/or international levels and have no direct or indirect relationship with any domestic or international operations relating to attempts or offenses of money laundering or financing terrorism, and I undertake alone to assume all responsibilities, indemnities and damages towards " NCM " and/or any of its customers in the event that this declaration is found to be untrue.

Declaration of the account true beneficiary

Are you the account true beneficiary? Yes No

If the answer is yes: I, the undersigned, hereby declare that I am the true beneficiary (genuine stakeholder) of this account or any other subaccounts that I may deal with in the future and I undertake to notify " NCM " in writing and immediately in the event of any change. I also declare that the term "true beneficiary" referred to in this Declaration is: a natural person (the genuine stakeholder), who the business relationship is made for his/her favor or in his/her behalf, or has full or effective control over a legal person or a legal arrangement or the right to conduct legal action on his/her behalf.

If the answer is no: I, the undersigned, hereby declare that the true beneficiary of this account or any other subaccounts may deal with you in the future is

Political Customers

Are you currently holding or previously held a senior public office in any country (political, military, judicial)? Yes No

Did you previously have or do you have now a relationship or kinship with anyone holding public office?
 Yes No

If the answer is yes to any of the above, please provide details:

.....
.....

Are you a board member/shareholder with 10 % or more, or a founding partner at any public shareholding company?

Company Name: Website:

I undertake to notify you in writing if I accept any public and/or senior position and/or if I am authorized by any party to any of the accounts opening with you.

Declaration (2)

I, the undersigned, hereby declare that I am aware of the term POLITICAL PERSONS representing local risks: those who hold or held senior public positions in the Kingdom as a prime minister, a senior government official, a senior politician, a judge, a prominent figure in a political party or executive director of state-owned enterprises; This definition includes the relatives of these persons, up to the first degree as minimum, and those closest to them.

Persons who have already been given a prominent position by an international organization and are meant to be members of the senior management of the heads of the councils, their members, directors, deputies or equivalent positions, including their family members and close relatives up to the first degree as minimum.

I, the undersigned, hereby declare that I am aware of the term POLITICAL PERSONS representing foreign risks: those who hold or held senior public positions in a foreign country as a state president, prime minister, a senior government official, a senior politician, a judge, a prominent figure in a political party or executive director of foreign state-owned enterprises; This definition includes the relatives of these persons, up to the first degree as minimum, and those closest to them.

Related Accounts

Do you have any information about if there are related accounts for the company?

If yes, please fill in the information below:

Name:

Relationship:

Account No.:

Proxy Account

Are any of your accounts with "NCM" managed under (general and/or special) power of attorney?

Yes No

If yes, please answer the following:

Power of Attorney Type		Agent Name	
Date of Issue	/ /	Relationship with the agent	
Date of Expiry	/ /	Agent's Account No.	
Mobile No.		Purpose of the Power of Attorney	

Do you manage any account with " NCM " under (general and/or special) power of attorney?

Yes No

If yes, please answer the following:

Power of Attorney Type		Principal Name	
Date of Issue	/ /	Relationship to the Principal	
Date of Expiry	/ /	Principal's Account No.	
Mobile No.		Purpose of the Power of Attorney	

Declaration and Undertaking

I, the undersigned, hereby declare that all information mentioned in the “Account Opening Form”, the agreements and related annexes are true and identical, and I assume the responsibility for any misinformation or inconsistency in the said information. I also assume the responsibility to notify you in writing of any change occurring to any of the information mentioned in the form immediately upon occurrence and without delay.

Customer Name:	Customer Signature:

Authorization

I, (the customer name), hereby grant NCM, an absolute, unconditional and irrevocable authorization to contact the bank/banks mentioned above, for the purpose of obtaining any query or any other required information belonging to me at any time, form and manner you find appropriate and without any objection from me for that.

Customer Name:	Customer Signature:

Check Authorization

I, the undersigned, hereby declare that I have read the instructions of a Central Risk System for Securities Dealers issued by the Securities Commission and I grant Messrs. NCM an absolute and irrevocable authorization to inquire and check the central risks information about me with all brokers through the Central Risk System approved by The Securities Commission at any time and for more than one time and according to what NCM considers appropriate and necessary; noting that I have the right to see all the information inquired about me at any time

Customer Name:	Customer Signature:

Form No. 2 Foreign Account Tax Compliance Act (FATCA)

Do you have US citizenship?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you hold US passport?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a permanent residence card “Green Card” in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you born in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a US taxpayer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an address / phone / P.O. Box in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a power of attorney or authorization for any US person to whom any US citizenship indicators apply in connection with your account with us? If yes, please provide: Name Telephone number.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a shareholder with 10 % or more in any of joint stock companies that deal with NCM? If yes, please provide: Name Account number	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have permanent instructions to receive and send any funds/transfers from your accounts to an account in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you stayed more than 183 days in the USA over the past three years? If yes, Visa Type: Number of days of stay: Current year: Previous year: Penultimate year of the prior:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I, the undersigned, certify that the information provided above is true and genuine.

The Customer to whom the Foreign Account Tax Compliance Act (FATCA) applies

Customer name as written in US documents:

Address in the USA:

Tax Identification Number (TIN):

Signature of the Authorized Signatory

Given Name & Surname	Address	Nationality	National No.
(1)		(2)	

Date:

Signed before us:

First employee's name and signature:

Second employee's name and signature: