

BUSINESS PROFILE DECLARATION

New to Bank KYC Update Turnover Update Operating through a flexi-desk? YES NO

Customer Name: (as per Trade Licence):

Physical Business Address (include Company / Group Website)

Industry Manufacturing Construction Trading Services Others Details on Line of Business Activity (eg. Nature of Business, Products traded etc)

Mode of Transaction/Settlement

	Mode of Transaction		Mode of Settlement				
	Local	Import/export	Cash	Cheque	LC's	Telex Transfers	Specify currency of transaction
PURCHASE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SALES	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Additional Products Required:

Payroll FD FX Trade Insurance/ Takaful Investment
 POS Business Loan/Finance against Property Mortgage/Home Finance Others (Please specify)

Banking Profile

Relationship with other Bank(s) Y/N Reason for no A/C No. of Bank(s) Financing Y/N
 Name of Bank(s) Financing Limit AED

Trade Profile

Relationship with other Bank(s) No. of Bank(s) Name of Bank(s)
 Export/Import collections (for Last Year in AED) Volume & No. of Collection Documents (Annually)
 Volume & No. of LC Documents (Annually)

Products

Export Collection Import Collection LC/LC Discounting
 Bank Guarantees List of Trade Countries

FX Profile

Relationship with other Bank(s) No. of Bank(s) Name of Bank(s)
 Products Required: Foreign Exchange remittance Forward Rate Booking Financing Limit AED
 List of countries from where payments are received/sent

Additional Details

Is the company opened on behalf of another person? If yes, please provide details of the ultimate beneficial owner
 Is the company/owners have any direct or indirect business dealings or businesses in Iran, Syria, Sudan, Myanmar, Crimea, North Korea or Cuba? YES NO
 Is a POA given to operate the account? If yes, is POA holder a Consultant /Trust Fiduciary/Corporate Services Provider?
 Else please confirm the relationship with beneficial owner
 Do you have an expected cash intensive business? If 'YES' please mention details YES NO
 Confirm and provide details, if the company or the beneficial owners/POA have any other accounts maintained with Mashreq/Mashreq Al Islami.
 If yes, provide CIF details

Applicable for New to Bank Entities

Expected Credits with Mashreq/Mashreq Al Islami account during first two months of onboarding
 First Month AED Second Month AED

Have you met the Sales representative/Account Manager in person YES NO
 to be updated by Sales representative/Relationship Manager
 Name of Company official met by sales representative/Account Manager
 to be updated by Sales representative/Relationship Manager
 Designate: Proprietor/Partner(s)/Shareholders(s)/POA/Others

Business Model of the Company(Mandatory section for all L3 & Complex structured entities)

Turnover of the Company (AED):

Company Framework & Business Model:

a. History of company - association with parent company / group companies / sister companies / branch company/presence in other country with total number of employees currently held and expected _____

b. Expected source of funds by way of loan / Finance / venture capital / seed fundings /sale of property/ family or friends funding/lending/investments for new or expansion and how will company achieve expected revenue projections _____

Source Of Funds & Existing Relationships							
Name of Partner/Owner/ Shareholder/POA	A/C Title of Business owned	Nature of Business	Entity Jurisdiction (UAE/Abroad)	Designation (Owner/Partner/ Shareholder/POA)	Income (in AED)	Source of Income (Salary/ Dividends/Profit Share/ Personal Savings/ Others)	A/C held with Mashreq (Yes/No)

c. What are the core business and specific market sectors being targeted and served locally within UAE and/or internationally _____

d. Future plans of expansion/growth/diversification/market penetration _____

e. Presence in online portals or social media to serve/sell products, goods or services _____

Top Key Suppliers				Top Key Customers / Buyers			
Full name (with website address, wherever available)	Existing / Prospective	Country	Line of Business	Full name (with website address, wherever available)	Existing / Prospective	Country	Line of Business

Transaction Profile (Estimated Range of Activities - Equivalent in AED)

Capital	AED	Approx annual turnover through Mashreq/Mashreq Al Islami account	AED	For Margin Trading Facility account with Mashreq/Mashreq Al Islami - gross trading amount/annum	AED
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Estimated Activity (Equivalent in AED) - average monthly basis (not applicable on Margin Trading Facility account)

	Cash Dealings (approx)		Remittances / Funds Transfers (approx)		Cheques Transactions (Outward / Inward Clearing) - (approx)	
	Cash Deposit	Cash Withdrawal	Inward Remittances	Outward Fund Transfers	Cheques Deposits	Cheques Debits
	Maximum number in a month					
Total amount in a month (equivalent in AED)	AED	AED	AED	AED	AED	AED
Max. amount of a single transaction (equivalent in AED)	AED	AED	AED	AED	AED	AED
Purpose of transactions						

Name of 3 major countries for Inward Remittances: _____

Name of 3 major countries for Outward Fund Transfers: _____

Given the global regulatory environment, we would require supporting information / document for all USD outward payment instruction(s) received from the Bank's customers before processing the fund transfer request. These details will be required at the time of initiating the funds transfer request through Mashreq Business Online and/or from any of the Mashreq branches. Visit www.mashreq.com/USDEDD for details

I/We confirm that the above information provided by me / us is correct and also hereby undertake to intimate Mashreq/Mashreq Al Islami Bank in advance if there is any change in our Company/Transaction profile which requires Bank's attention. In pursuant to Mashreq/Mashreq Al Islami Bank's policy, I/We also confirm that these accounts would not be used for routing 3rd party funds or related to OFAC sanctioned countries and agree to share all supporting documents/requirements for all transactions routed through the Bank.

Name of Signatory	Designation	Signature	Date

For Bank Use Only	Name & Designation	Signature	Date
Account Opening Officer / Branch Officer / Relationship Manager			
Unit Manager / Team Leader / Branch Manager			

Other Comments: _____