

Account Update Form

Personal Account / Minor Account / Joint Account

Customer Name

Minor Name | for minor

RIM No.

Account No.

Date

KYC Update Form - Individual					
Resident Non-Resident					
Current Savings	Minor				
For Minor Account:					
Passport/ QID No: Issue Date	Expiry Date				
Purpose of Account					
Salary	Investment				
Savings	Others (Please specify)				
Personal Details:					
Title: Miss: Mister:	Other:				
Full Name:					
Passport No:	QID No:				
Passport Issue Date:	QID Issue Date:				
Passport Expiry Date:	QID Expiry Date:				
Country of Issuance:	Place of Birth:				
Nationality:	Date of Birth:				
Sex: Male Female	Social Status:				
FATCA Forms					
Are you a US citizen/resident or Green Card holder?	Yes No				
If yes, please provide US tax ID no:					
Country of dual nationality:					
Contact Information					
Qatar Local Address:					
Home Address in Qatar: Owned	Rented Company Provided				
Building No:	Flat / Villa No:				
Area Name & No:	Street Name & No:				
City:	P.O. Box:				
Mobile No:	Residence Landline No:				
Email Address:	Fax No:				
Home Country Address (Expats Only):					
Building Name / House No:	Flat / Villa No:				
Street Name:	Street No:				
Town/ Residential Area:	P.O. Box / Postal Code:				
City & Country:	Home Country Phone No:				
Next of Kin:					
Full Name:					
Mobile No:					

Employment / Sponsor Details:				
Employment Category				
Private / Government:	Categorization:			
Occupation:	Position / Designation:			
Employer's Name	CR No:			
Business Phone No:	Business Extension No:			
Address:	Office Address:			
PEP (Politically Exposed Person) Yes No	P.O. Box:			
Joining Date: D D M M Y Y	Length Of Employment:			
Financial Profile:				
Source of Funds:				
Salaried /Employment	Self Employed /Business Income			
Investment	Inheritance Income			
Rental	Others (Please specify):			
KYC Date: D D M M Y Y				
Income Details:				
Monthly Income (Amount / Currency):	Basic & Social Salary (QAR):			
Other Allowances:	Other Income & Source:			
Total Monthly Salary (Net):	Annual Income:			
Monthly Expense:	Annual Expense:			
If Self-Employed:				
Name:				
Average Business Annual Net Income:	Ownership Percentage:			
CR No:	Place & Date of Corporation:			
Gross Monthly Income from Business:				
Other Personal Details (details of related parties / Relative in the Bank)				
Name:				
Relationship:	RIM / QID No:			
Entity Name:				
CR No.	Position:			
If Self-Employed:				
Chairman Vice Chairman	Member			
Relationship with other Banks:				
Bank Name:				
Account No:				
Product / Commitment Amount:				

Beneficial Owner and Personal Information Undertaking Form

Declaration:

I/We hereby declare that the information provided in this form is accurate and true, and I/we hold all legal responsibility for the same.

I/We acknowledge and agree that Dukhan Bank is (a) entitled in its absolute discretion to accept or reject my/our application, without assigning any reason whatsoever (b) and any document presented to Dukhan Bank pursuant to this application will remain the property of Dukhan Bank, (c) I/We agree that no Statement should be mailed to me/us. I/We can view and print statement(s) of account(s) regularly and agree that no account statement should be mailed to me / us. (d) This application is subject to Dukhan Bank terms and conditions (as amended from time to time) which form an integral part of this application. (e) I/We, in signing this account opening application form, confirm our acceptance to receiving a credit card from Dukhan Bank and we agree to be bound by the credit card terms and conditions as detailed in the bank's current terms and conditions. I/We, by applying for the credit card facility, authorize the bank to take credit enquiries from whatever source the bank deems appropriate. I/We further authorize the bank to deduct from any of our account(s) the credit card payment (due every month) as set by the bank from time to time unless stipulated.

I/We confirm that:

I/We have received, read and agreed to the terms & conditions prior to my/our execution of this form which is also available to me/us on the Dukhan Bank website. I/We undertake not to use my/our

personal account for any business purposes. I/We acknowledge and agree that Dukhan Bank is entitled to exchange my/our credit information with and through Credit Bureau.

Service Charges

Tariff of charges relating to this account may be changed by Dukhan Bank without prior notice. A copy of the most recent Service Charges is available online or upon request at any Dukhan Bank branch.

I/We hereby admit that I/we have received and agreed to the terms and conditions provided in the Bank's General Terms and Conditions.

Customer's Name:			Authorized signature
Signed in the presence of:	Date:	D	D M M Y Y
For Bank Use Only			
Staff Name/Number/Signature/Stamp:			
Supervisor Name/Signature/Stamp:			
Branch & Sales Manager Name/Signature:			
Branch Stamp:			



