

## KNOW YOUR CUSTOMER FORM – CORPORATES

*Please fill in the below information (All fields are mandatory)*

<b>1. Name of the Company:</b>			
<b>2. Office Physical Address:</b>			
<b>3. City &amp; Country:</b>			
<b>4. Postal Code/P.O. Box:</b>			
<b>5. Office Contact Details:</b>	Phone		Fax
<b>6. License Number &amp; Expiry Date:</b>			Expiry Date
<b>7. Place of Establishment:</b>			
<b>8. Corporate Website:</b>			
<b>9. Legal Structure (LLP, LLC, etc):</b>			
<b>10. Type of Insurance Cover:</b>			
<b>11. Premium Payor Name:</b>			
<b>12. Mode of Payment:</b>			
<b>13. Bank Account Title:</b>			
<b>14. IBAN Number:</b>			
<b>15. Source of funds:</b> (Specify the source from which the entity derives its funds)			
<b>16. Ownership &amp; Shareholding details:</b>	<p>Kindly fill in the details of the company's shareholders, both individuals and companies who hold 25% or more, and the source of this information in the below table by providing document evidence/web links. If there is any entity shareholder in the below shareholding pattern, who holds 25% or more, Kindly provide further ownership details until the natural persons with owning or controlling interests of 25% or more in aggregate are identified.</p> <p><b>Note:</b> The ultimate beneficial owner is defined as any natural person holding, owns, or controls more than 25 percent of the shares or voting rights in a legal entity, holds the right to appoint or remove the majority of the board of directors, or has the right to exercise significant influence or control over the company.</p>		
	<b>Shareholders Name</b>	<b>Percentage of Shareholding</b>	<b>Nationality</b>
			<b>Residence Country</b>

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In case of multiple shareholders or complex ownership that cannot be filled in the table above, Download the file using the link <https://www.alliance-uae.com/wp-content/uploads/2023/11/Shareholding-Structure.pdf> & attach the file along with this KYC form.

**17. Details of Politically Exposed Person (PEP):** Kindly fill in the below section if the Authorized signatories, Senior management, shareholders, or Ultimate beneficial owner is a PEP, their family, or a close associate.

Full Name	Residence Country	PEP Title	Source of Wealth Evidence

**18. Authorized Signatory Details:**

Full name	Designation	Nationality	Residence Country

**19. Principal Contact Person Details:**

Name		Office Number	
Designation		Mobile Number	
Email ID		Department	

**20. Documents Required – Kindly provide the supporting documents mentioned below. In case supporting documents are not provided, mention the reason for not providing the same under “Remarks”**

Description	Remarks
Trade License – Must include all the pages showing the shareholder's information	
Shareholding documents - Any authenticated ownership documents such as Share certificate/ Register of members / Annual report/ Share register/ MOA/ Partnership Agreement / Trust Agreement/ Certificate of incumbency etc. (which clearly shows the ownership % or holding shares	
VAT Registration Certificate	
Authorized Signatory evidence document & valid ID copies.	
Individual Shareholder & UBO's valid ID copies	

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*Please fill in the below information (All fields are mandatory)*

I/We hereby assure Alliance Insurance PSC that the entity, employees, subsidiaries, and associates are free from any Money Laundering or Terrorist Financing activities and abide by the UAE and international AML, CTF laws, and other applicable regulations. I/We confirm that we will provide all the necessary documents as and when required by Alliance Insurance PSC and certify that all the information within this form is correct and complete, to the best of my/our knowledge and belief. I/we undertake to inform you of any changes therein immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it. I/We also hereby give consent to Alliance Insurance PSC to process and use the Personal Data which may include transfer of data to jurisdiction outside UAE within the context of business relationship requirements. I am/we are authorized to confirm the above information and sign this declaration on behalf of the company.

Authorized Signatory - Full Name -	Signature	Date	Company Stamp