

1. Name of the Company:			
2. Office Physical Address:			
3. City & Country:			
4. Postal Code/P.O. Box:			
5. Office Contact Details:		Phone	Fax
6. License Number & Expiry Date:			Expiry Date
7. Place of Establishment:			
8. Corporate Website:			
9. Legal Structure (LLP, LLC, etc):			
10. Type of Insurance Cover:			
11. Premium Payor Name:			
12. Mode of Payment:			
13. Bank Account Title & IBAN Number:			
13. Is the company regulated? If so, give the name of the Regulator:			
14. Is the entity listed on an exchange?			
<p>15. Ownership & Shareholding details:</p> <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>Note: 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>			
Shareholders Name	Percentage of Shareholding	Nationality	Residence Country

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/xxx/xxx/> & attach the file along with this KYC form.

16. Authorized Signatory Details:

Full name	Designation	Nationality	Residence Country

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. Board of Directors & Senior Management Details:

Full Name	Designation	Nationality	DOB	Residence Country

19. AML Questionnaire		
Description	Yes/No	If answered as “No”– Provide an Explanation
1. Does the firm have documented AML/CTF policies and procedures approved by the Board or Senior committee in place?		
2. Do these policies document the processes in place to prevent, detect, and report suspicious transactions?		
3. Are these policies and practices being applied to all branches and subsidiaries of the entity both in the home country and in locations outside of that jurisdiction?		
4. Do these policies cover relationships with Politically Exposed Persons (PEPs), their families, close associates, Shell Companies, and Shell Banks?		
5. Does the firm have an internal audit function or other independent third party that assesses AML policies and practices on a regular basis?		
6. Does the FI have record retention procedures that comply with applicable law?		
7. In the last 5 years, has your institution/affiliates/subsidiaries been subjected to investigation in any jurisdictions relating to AML / CTF Compliance Issues? If yes, please provide details.		
8. In the past 5 years, have any Owners/ Shareholders/ Partners / Top management Executives been investigated for any criminal activity? If yes, please provide details.		
9. Does the firm undertake a risk-based assessment of its customer base and their transactions?		
10. Does this risk-based assessment include consideration of conducting enhanced levels of due diligence for clients that it has reason to believe pose a heightened risk of illicit activities being conducted through the firm?		
11. Does the firm have procedures to establish a record for each new customer noting their respective identification documents and ‘Know Your Client’ information?		
12. Does the firm have a process to review and, where appropriate, update client ‘Know Your Client’ information?		
13. Does the firm screen clients and transactions against sanctions lists?		
14. Does the firm have a designated officer who is responsible for coordinating and overseeing the AML Policy and Procedures and does the firm have active GOAML access?		
15. Does the firm have in place a Know Your Employee Policy and Procedure for screening and selection of the employees?		
16. Does the firm have in place a Know Your Employee Policy and Procedure for screening and selection of the employees?		
17. Does the firm provide AML training to relevant employees?		

20. Principal Contact Person Details:			
Name		Office Number	
Designation		Mobile Number	
Email ID		Department	

21. 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	
Address Proof (Utility bill, Rental agreement, etc)	
Board of Directors & Senior Management ID copies	
AML Policies & Procedures	
Regulatory Proof	
Latest Audited Financial Statements	
Authorized Signatory evidence document & valid ID copies	
Individual Shareholder & UBO's valid ID copies	

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