

# Customer Information Update Form

## Customer Account Information

CIF No.		Account No:	
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## Customer Information

### Personal Information <sup>1</sup>

Full Name in Arabic:					
Full Name in English:					
Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Nationality					
Date of Birth:	.../.../..... H		.../.../....Gregorian		
Place of birth:					
Level of Education:	<input type="checkbox"/> Primary	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Secondary	<input type="checkbox"/> University	<input type="checkbox"/> Others

### Personal ID Data

Type of ID:	<input type="checkbox"/> National ID	<input type="checkbox"/> Residency ID (Iqama)	<input type="checkbox"/> Passport	<input type="checkbox"/> Family Register Card	<input type="checkbox"/> Others: .....
ID Number:					
Place of issue:					
Expiry date:	.../.../..... H		.../.../....Gregorian		

### National Address and contact information

National Address Information <sup>2</sup> :	Building number	Street	District	City	P.O Box	Additional number
Mobile phone number:						
Home phone number <sup>3</sup> :						
E-mail Address:						

### Information in the country of origin (For non-Saudis)

Country	City	Street	Unit number	Post office	P.O Box
Contact number in Home Country					

1- As entered in the national ID Card

2- As registered in the Saudi Posts

3- If applicable

### Additional contact information

Full Name in Arabic:										
Relationship:										
Mobile phone number:										
Home phone number <sup>4</sup> :										

### Job information<sup>5</sup>

Employer:										
Job title:										
Work Sector:	<input type="checkbox"/> Government	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Semi- Government	<input type="checkbox"/> Others.....						
Date of joining work:	...../...../..... H					...../...../..... Gregorian				

### Financial Information

Type of basic income:	<input type="checkbox"/> Salary	<input type="checkbox"/> Private Work	<input type="checkbox"/> Subsidy	<input type="checkbox"/> Reward	<input type="checkbox"/> Others:.....
Monthly income:					
Type of additional income <sup>6</sup> :	<input type="checkbox"/> Rentals	<input type="checkbox"/> Stock investments	<input type="checkbox"/> Others:.....		
Monthly additional income:					
Expected monthly transactions volume on the account:	<input type="checkbox"/> Deposit		<input type="checkbox"/> Withdrawal		

### Miscellaneous Questions

Are you a politician? <sup>7</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have first or second degree relationship with any politician? <sup>8</sup>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you the ultimate beneficiary of the account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a person with disability? If answer is (Yes), please mention the type of disability (Hearing / visual / physical disability ....)	<input type="checkbox"/> Yes .....	<input type="checkbox"/> No
Would you like to receive advertising messages about the products and services provided by the bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4- If applicable

5- If applicable

6- If applicable

7- A person assigned to perform supreme public tasks in KSA or in a foreign country or who is assigned to supreme administrative professions or an assignment in one of the international organizations. This includes the following professions or jobs:

A. Heads of states or of governments, top politicians or governmental, judicial or military officials and senior executives in the companies owned by the countries, and senior officials in political parties.

B. Presidents and directors of international organizations, board of directors members or other similar professions.

8- First degree relatives: Parents, Grandparents and upward. Second degree relatives: the children, grandchildren and downwards.

An agreement shall be made of each individual partner in the account independently. This agreement shall be kept in a single file

## Customer Declaration

I confirm that the information I have given in this form is both accurate and true to the best of my knowledge. I also acknowledge that I am obligated to inform you immediately there are any changes to the above information.

Customer Signature	
Date	

## Declaration

By signing this Application Form:

1. I confirm that all the information provided is complete, accurate and true. And that I am the actual beneficiary.
2. I authorize the bank to verify any information I have provided or review my credit records from any third party or organization that's considered necessary.
3. I acknowledge that the bank may decline my application without providing reasons. If this occurs, I agree the bank may retain the documents I have submitted.
4. I agree that the bank may provide any information contained in or related to my application to any third party for the purposes of data processing and providing services.
5. I confirm that I am not prohibited from dealing with any banks or financial institutions.
6. I agree to update my personal information whenever requested by the bank or for a period (as specified by the bank) not exceeding 5 years. I also undertake to provide a renewed ID before the expiration of its current validity. And I acknowledge that if I fail to do so, the bank will freeze my account in accordance with the rules governing the opening of bank accounts and the general operational guidelines in the Kingdom of Saudi Arabia.
7. I acknowledge that the account(s) shall not be used, retained, or on behalf of any third party.
8. I authorize the bank to be entitled to freeze or close my account or any restricted funds should the bank suspect that the account is being used for fraud or fraudulent transactions. The bank has the right to refuse my request to close the account in the event I have ongoing financial services or to close my account in the event that the account balance is zero and/or I have not made any transactions for 4 years.
9. I acknowledge that I shall be liable before the appropriate authorities for the funds deposited into my account personally or deposited by other third parties with or without my knowledge. I also acknowledge that I shall be liable, whether or not I personally disposed of these funds. As well as failing to notify the bank of the existence of such funds in my account. I further acknowledge that any funds deposited in my account are from legal sources and that I shall be liable for their being free from any forgery or counterfeiting prior to depositing such funds. Should the bank receive such counterfeit notes, I recognise and agree that I shall not be refunded and that the bank shall notify the appropriate authorities to take legal action.
10. I confirm that I have read, understood and give my unconditional agreement to the Terms & Conditions as set out in the General Terms & Conditions which are hereby incorporated into this application and that shall bind me.

## Identity card copy and forms of signature

ID Copy

ID Number

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I, (Full Name): ..... allow the Bank to make a copy of the ID card for official use. I hereby, acknowledge the validity of the information and data I have submitted, and I undertake any responsibility that may result from failing to disclose any required information by the agreement. Accordingly, I have signed below.

### Customer Signature

Please sign above  
(for the purpose of signature matching)

Please sign above

### To be filled by the employee

Name of the  
representative

Signature

- Original copy of the ID  
 Signature matched

Date:

## Annexes of the Agreement<sup>9</sup>

### 1. Information of the guardian / caretaker / agent / custodian - as applicable

#### Type of relation with the second party

<input type="checkbox"/> Father	<input type="checkbox"/> Mother	<input type="checkbox"/> Agent	<input type="checkbox"/> Others:.....
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#### Personal Information<sup>10</sup>

Full name in Arabic:					
Full Name in English:					
Gender:	<input type="checkbox"/> Male		<input type="checkbox"/> Female		
Nationality:					
Date of Birth:	...../...../..... H		...../...../..... Gregorian		
place of birth:					
Educational Level:	<input type="checkbox"/> Primary	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Secondary	<input type="checkbox"/> University	<input type="checkbox"/> Others

#### National ID Data

Type of ID:	<input type="checkbox"/> National ID		<input type="checkbox"/> Residency ID (Iqama)		
ID number:					
Place of issue:					
Expiration date:	...../...../..... H		...../...../..... Gregorian		

#### Contact information

National address data <sup>11</sup>	Ext.	P.O. Box	City	District	Street	Building number
Mobile phone number <sup>12</sup>						
Home phone number <sup>13</sup>						
E-mail address <sup>14</sup>						

#### Job information<sup>15</sup>

Employer				
Job title				
Work sector	<input type="checkbox"/> Government	<input type="checkbox"/> Private	<input type="checkbox"/> Semi-Government	<input type="checkbox"/> Others:.....

#### Miscellaneous Questions

Are you a person with disability? If answer if (Yes), please mention the type of disability (Hearing/Visual/ Physical disability..)	<input type="checkbox"/> Yes .....	<input type="checkbox"/> NO
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9- At the time of entering this agreement for the second party by the agent / custodian / caretaker and alike subject to official documents that allow him to perform this.

10- As entered in the national ID card.

11- As registered in the Saudi Posts.

12- If applicable.

13- If applicable.

14- If applicable.

15- If applicable.

## 2. Copy of personal ID<sup>15</sup>

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15- According to the national ID form of the client.

### **Gulf International Bank - Saudi Arabia**

a Saudi Closed Joint Stock company with a capital of SAR (7,500,000,000) Unified Number (7001399042); Commercial Registration No. (2052001920), P.O. Box 93 AlKhobar 31952 Kingdom of Saudi Arabia, Telephone: 8001166336, Website: meem.com, National Address: 5515 Cooperative Council Rd - AlKhuzama Area, Unit No. 54, AlKhobar 34721-8208, Licensed with number: 2007 and operating under the Saudi Central Bank's control and supervision