



Date:/...../.....

For Bank use only (please do not write in this box)

Client signature sample
(Please sign within provided box in black ink)

Personal Details

First Name: Last Name:
 Fathers Name: Country of Nationality:..... Gender Male Female
 National ID No.: Place of Birth (country & city) Birth Certificate No.:
 Place of Issue: Birth Certificate Serial No.:
 Date of Birth:
 Education: High School Graduate Post Graduate Other

Residential Address

Main Street: Alley: Building No.:
 Post Code: City: Country:..... Residential Phone:
 Mobile Phone: Email Address:

Employment Details

Type of Employment:

Occupation or Business Type:

- | | | |
|--|---|--|
| <input type="checkbox"/> Financial Services(Exchange/Leasing/ Money Transfers) | <input type="checkbox"/> Trading securities & Brokerage | <input type="checkbox"/> Travel & Tourism |
| <input type="checkbox"/> Transport & Logistics | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> High Value Good Dealers (Carpets/Jewels etc.) |
| <input type="checkbox"/> Automobile & Aircrafts Dealers | <input type="checkbox"/> Consular & Foreign Affairs or Ministry | <input type="checkbox"/> Military & Defence |
| <input type="checkbox"/> Cash Intensive Business | <input type="checkbox"/> Wholesale & Retail | <input type="checkbox"/> Utilities (Electricity/Water/Gas) |
| <input type="checkbox"/> Banking / Insurance | <input type="checkbox"/> Educational & Cultural | <input type="checkbox"/> Real Estate & Construction |
| <input type="checkbox"/> Medical & Social Work | <input type="checkbox"/> Hotel & Restaurants | <input type="checkbox"/> Oil & Petrochemical |
| <input type="checkbox"/> Agriculture / Mining | <input type="checkbox"/> Charities / NPO | <input type="checkbox"/> Others |

Signature (Client or Representative)
Name & Date (Client or Representative)

.....

Signature & Seal of the Officer
Name & Date

.....



Company Details

Company Name: Designation:

Company Address

Main Street: Alley:

Building No.: Post Code:

City: Country:

Work Phone: Work Email Address:

Additional Details

Contact in case of emergency or next of kin (Name & Contact No.):

Referred by (Name & Contact No.):

Please provide the purpose of your relationship with the bank:

Annual Income (in Rls or USD): No. of years employed/No. of years established (self-employed):

Principle source of funds used to initiate business with Middle East Bank:

Foreign Clients only

Passport No.: Residence Permit No./Visa No.:

Date of Issue of Passport: Date of Issue of Residence Permit/Visa:

Date of Expiry of Passport: Date of Expiry of Residence Permit/Visa:

Foreign Persons Designated Number (Issued in Iran):

I declare that the above mentioned details are correct to the best of my knowledge and belief. I undertake to inform you of any changes therein, immediately.
In case the above information is found to be false or untrue or misleading, I am aware that I will be held responsible for it.

Signature (Client or Representative)
Name & Date (Client or Rrepresentative)

.....

Signature & Seal of the Officer
Name & Date

.....



To be filled by bank

- | | | |
|--------------------|------------------------------|-----------------------------|
| CBI Inquiry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blacklist Inquiry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fraud list inquiry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Sanctions Inquiry | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature & Seal of the Officer

Name & Date

.....

Signature & Seal of Branch Manager

Name & Date

.....

Identity Documentation

For Iranian Nationals

- Original Birth certificate
- Original National ID Card
- Residential Address Proof

For Foreign Client

- Valid Passport: Passport which has not expired along with a valid visa or entry permit