



KNOW YOUR CUSTOMER FORM "KYC"

New Customer Renewal

Customer Information

Company Establishment / Beneficiary Name

Commercial Name (if different than above)

Sponsor ID Number

ID Number

Date of Issue

Date of Expiry

Place of Issue

Commercial Registration Information

CR Number

Unified CR Number

Establishment Date

Expiry Date

Place of Issue

Business Description

Branches if Any

Is your Company listed? Yes No

Regulatory Authority

Financial Information

Request Purpose

Size of Annual Business

Origin of Funds

Paid Capital

Is there any external Auditor(s)? Yes No

Bank Information

Bank Name

The Company / Organization Account Name

IBAN Number

Payment Method: Deposit in Saudi Bank SADAD Transfer

National Address Information

Headquarter Address:

City	Street	District	Building Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Unit Number	ZIP Code	Additional Number	Phone/Fax Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Website	Email Address		
<input type="text"/>	<input type="text"/>		

Shareholder(s) and Boardmember(s)

ID	Position	Nationality	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of the Top Managers and Executives

ID	Position	Nationality	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Details of Authorized Personnel

ID	Position	Nationality	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Stamp:

Signature:

Date:

Details of Applicant

ID	Position	Nationality	Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Mobile

Fax/Telephone

Extension

Stamp:

Signature:

Date:

Declaration

I hereby declare, I, the above signer, acknowledge that the aforementioned persons are real with their signatures and seals of establishment mentioned above and that all attached documents are original and the information given is collected true and correct, and I also acknowledge that the company whose name and details are shown above is the direct beneficiary of this request, and not another party. And as the signatories above undertake on this they must abide by the terms and conditions stipulated by both the Health Insurance Council and the Saudi Arabian Monetary Agency, and the terms and conditions for using the document services approved for an insurance brokerage in writing or electronically, and the consequent financial obligations of the establishment.

Required Documents

- Copy of the Company's Commercial Registration - Company Incorporation Contract
- Copy of Sponsor ID
- Copy(ies) of identification documents of the authorized signatory(ies), shareholder(s) and manager(s).
- Copy of your Company's License for Non-profitable organization and license issued by government agencies.
- Copy of VAT Registration Certificate
- National address registration

IMPORTANT!!! Submitting incomplete documents may subject to denial or rejection of the application.