



PROSPECTIVE CLIENT PROFILE / KYC COVERSHEET

For Individuals and joint/partnership accounts where no account holder is a large corporate entity.

**Affix your recent
passport size
photograph**

1. Name of Client Contact:

Owner
(go to 2)

Other :-
(fill up details below)

Mobile No:

House/Office No:

Fax No:

Address:

2. Name of Beneficial (Actual) Owner:

Mobile No:

House/Office No:

Fax No:

Address:

GULF BROKERS DMCC, Unit No: 3209, HDS Tower, Plot No: JLT-PH1-F2A, Jumeirah Lakes Towers, Dubai, UAE

+971 42 42 4120

info@gulfbrokers.ae

Company is registered & licensed as a FREEZONE Company under the Rules & Regulations of DMCCA under registration No. 30636

www.gulfbrokers.ae



3. Introduction	
Known personally to:	Yrs/Months:
Referred by	Related to:
Solicited based on recommendation from:	
4. Bank Account details	
Bank Name:	Branch:
Date since (DDMMYY) ___/___/___	A/c No.:
5. Account Type (Tick suitable)	
Individual <input type="checkbox"/>	Joint / Partnership <input type="checkbox"/>
6. Profile (Tick relevant boxes)	
Short/Long-term investment <input type="checkbox"/>	Pricing/Delivery <input type="checkbox"/>
Hedging <input type="checkbox"/>	Arbitrage <input type="checkbox"/>
Other <input type="checkbox"/> (please describe)	
7. Profession	
Business Name:	

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Proprietor <input type="checkbox"/>	Employee <input type="checkbox"/>
Spouse's Name:	Profession:
8. Financial Information	
Estimated total Net worth:	
Source of wealth:	
Origin of assets deposited into account::	
Source of information:	
Estimated Annual Income:	
Total family and/or joint/partnership income (from all sources):	
9. Estimated Daily Transactions	
6 contracts or less <input type="checkbox"/>	7 – 20 <input type="checkbox"/>
21 – 50 <input type="checkbox"/>	more than 50 <input type="checkbox"/>
Other information (i.e. projected future turnover):	
10. Is client account holder a politically exposed* person?	

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*{i.e. are/were they – a senior military, government or political official of any country? A senior executive of a state-owned corporation, or an immediate family member or close associate of such a person?}

Yes

No

Not Sure

If 'YES' or 'NOT SURE' please provide below any known details

Addition Information/Continuation 1 -10

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Information Captured By	:	
Name	:	
Signature	:	
Date	:	
Information Supplied By	:	
Name	:	
<i>The information supplied is correct to the best of my knowledge</i>		
Signature	:	
Date	:	

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