HSBC Bank Middle East Limited Enhanced Personal Information Form





		Lo	ocation:
Enhanced Personal	Information Form		
HSBC Bahrain Account number	-		
SECTION 1: UNDERSTANDING YOU	JR PERSONAL INFORMATION AN	D ACCOUNT ACTIVITY	1
This form aims to collect information opert of our Customer Due Diligence re		ial standing, business ad	ctivities and other relevant details as
Full name (as set out on passport)			
Former names or alias (if any)			
ID No.:		Country of birth:	
Passport No.:	Country of issue:	Issue date:	Expiry date:
Residency status in Bahrain	Please select: Resident	☐ Non-Resident	Residence visa under process
Nationality/Citizenship	Additional country of citizenship 1	:	
Former nationality (if any)			
Country(ies) where you are obliged to pay tax			
Contact Details - Current Re	sidential Address		
Flat no. / Villa no.:	Sidential Address		
Building name / Street name:			
Area			
City			
Country			
Residing at this address since (date) If residing at the stated address for less than 3 years, please provide your previous residence details:			
Current mobile number:			eg. Country code_Area Code_Number
Current home telephone number:			eg. Country code_Area Code_Number
Current office telephone number:			eg. Country code_Area Code_Number
Email Address			

Customer Signature: Date:

Date://

Employment Details	
Employer's name:	
Employer's address:	
Nature of employer's business:	
Job title / role:	
Number/value of shares or share options held in employer:	
Monthly salary:	
Occupation:	
Other executive or management positions you have held:	
Country(ies) where this source of wealth was/is attained:	
Self Employed	
Name, address, and nature of business:	
Main business activity:	
Ownership interest in business:	
Number of employees, locations and estimated annual revenues	
Significant government contracts or licenses	
Name of the bank where the Customer's business account is held	
Country(ies) where this source of wealth was/is attained:	
1. Main purpose of the account with HSBC Bahrain:	
☐ Receipt of Monthly Salary/Income ☐ Deposits/S	Savings Mortgage/Home loan Payment
Others, please specify:	
2. Do you hold any account(s) with HSBC outside Bahrain?	
Yes, (please mention the countries and Account numbers below) No
Country Name	Account Number
3. Please confirm if you in your individual capacity are opening or indirectly related or connected to a Politically Exposed Person senior official in the executive, legislative, administrative, military or agency, a member of a ruling royal family, whether or not elected, a government-owned or government-funded corporation, institution of Exposed Person and any Close Associate or relative of a Politically	on? (Please note: A Politically Exposed Person is defined as a r judicial branches of a government, the head of a government a senior official of a major political party, or a senior executive of a por charity. This also includes the immediate family of a Politically
Yes,	No
Customer Signature:	Date:

4. Sou		unds: Source	of Funds ref	ers to the amou	ınt that will b	e transferred to	your HS	BC account ini	tially and or	an on-
a. Non	n-cash trans	fers:								
		Source of F	unds		d amount s (BHD)	Frequency of Transactions		of Remitter/E inancial Institu		City/ Country
	Salary transf	er from emplo	yer							
	Bonus / Con	nmission								
	Transfer from bank(s)	n my account(s	s) with another							
	Transfer from	n third party(ie	s)							
	Cheque fron bank	n my own acco	ount with anoth	ier						
	Cheque fron bank	n third party(ies	s) from anothe	-						
	Others: Plea	se specify:								
b. In tl	he next 12 n	nonths, wha	t are vour ex	pected cash tr	ansactions?					
			, , , , , , , , , , , , , , , , , , , ,		t Details	Frequency of		So	urce	
	Cash depos	ite		(BI	HD)	Transactions				
	Self Third par									
	Cash withd	rawals								
		the sources		unt funding, w	hat is the to	tal estimated v	alue of	funds to be de	eposited in	to your
BHD _										
note: T are und	Total relations der our mana	ship balance i	s the sum of			account within ding term depos				
				e details of wh ks inside and o		be currently so	ending	or expecting t	o send fund	ds to using
Co	untry Tr	Total Value of ransactions (BHD)	Method of Transfer	Purpose	Frequency	Beneficiary the person / o receiving mo	entity	Relationship with Beneficiary	Benef	ne of iciary's Institution
Custor	mer Signatur	e:					Da	ite:		

Banker's Draft/Cashier's Order	Value (BHD)	Frequency	Purpose	Beneficiary (i.e. the person to be paid)
SECTION 2: CONNECTED PARTI	ES			
Please list the connected/associate	ed parties who h	ave control or infl	uence over your	account: (Please use continuation sheet if required
Supplementary cardholder	1)			2)
Power of Attorney Gu	ardian/Parent			
Contributor to your source of vBHD 3,780 per month where this				I (e.g. a spouse or parent) that provides more tha
o, 700 per montin where this	accounts for ove	21 30 70 01 your 3	ource or rurius.	
			Connected P	Party 1 Connected Party 2
Full Name				
Former names or alias (if any)				
Date of birth				
Country of birth				
Country of residence				
Residential address				
Email address				
Telephone Number				
Nationality/Citizenship (including all r	ationalities/ citizen	ships held)		
Relationship to you				
SECTION 3: UNDERSTANDING	YOUR NET WO	RTH AND SOUR	CE OF WEALTH	,
A) What is your total estimated	net worth in B	HD?		
Please note: Net Worth is the tot	al value of all bal	ances and posse	essions, such as p	property, stocks, bonds, and other securities.
otal Net worth = BHD				

Customer Signature:

Date:

	ry that has generated your accumulated wealth	
 On-going Source(s) of Wealth – the or be deposited into your account 	-going activities or future events that will generate	e the wealth that will
Please select your initial and on-going sources of	wealth and complete section C based on your sel	ection.
	Initial Source of Wealth	On-going Source of Wealth
Salary/Earnings from business		
Pension/Retirement		
Sale of Assets/ property		
Real Estate Development/ Investments		
	П	
Wealth/Investments		
Wealth/Investments Personal Family Relations		
Personal Family Relations		

vvealth/mvestments		
Personal Family Relations		
Inheritance		
Gifts		
Others (Please specify)		
C) Details of the source of wealth. (Please use conting Current Employer Previous Employer (if en		
Salaried	Previous employer 1	Previous employer 2
Employer's name		
Employer's address		
Nature of employer's business		
Job title/role		
Length of employment/Joining date		
Number/value of shares or share options held in employer		
Monthly salary and other income/benefits		
Occupation		
Other executive or management positions you have held		
Country(ies) where this source of wealth was/is attained		
Self Employed		
Name, address, and nature of business		
Main business activity		
Ownership interest in business		
Number of employees, locations and estimated annua	al revenues	
Significant government contracts or licenses		
Name of bank where the business account is held		
Country(ies) where this source of wealth was/is attain	ned	

Date:

Customer Signature:

Pension/Retirement	
Prior employer's name and address	
Duration of previous employment	
Date of retirement	
Previous estimated earnings (including occupation and approximate income at time of retirement)	
Details of current sources of retirement income	
Name of the pension scheme where Source of Wealth has not been drawn down	
Previous job title	
Prior nature of business and your roles/responsibilities	
Country(ies) where this source of wealth was/is attained	
Sale of Assets/Property	
Description of how the original asset(s) were purchased	
Type of asset	
Address of property (if applicable)	
Date of sale	
Total sale amount	
Details of any lending secured or mortgage on the asset/property (if applicable)	
Current location of sale proceeds	
Country(ies) where this source of wealth was/is attained	
Real Estate Development/Investment	
Name of company where funds will come from	
Name of company where funds will come from Address of company	
Name of company where funds will come from Address of company Number of employees Nature of Real Estate properties/developments (e.g. type/ location,	
Name of company where funds will come from Address of company Number of employees Nature of Real Estate properties/developments (e.g. type/ location, businesses, name of main projects) Details of the source of the original capital for the real estate	
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Details of the source of the original capital to fund the initial investment: (e.g. real estate, securities, etc.)	
How have the initial investment(s) grown to their present net worth (Purchase vs Current)	
Estimated annual net income generated from investment(s)	
Size of the investment (Current value of the investment)	
How long have you been an investor	
How often do you invest	
Have there been any significant changes to the portfolio value in recent years? (i.e. increase or decrease of >10% in a year)	
Country(ies) where this source of wealth was/is attained	
Personal/Family Relations	
Origin of source of wealth	
Relationship to the contributor of your source of wealth	
How did the contributor accumulate his/her wealth	
How are the funds transferred to you (amount, method and frequency)	
List the full name, age, citizenship, occupation, place of domicile of the	
contributor	
Country(ies) where this source of wealth was/is attained	
Inheritance	
Received from	
Date received	
Total value	
Type of asset inherited (land, securities, company, Trusts, etc)	
Explain how the original wealth was created	
Percentage of ownership of inherited assets that currently generate income	
Estimated (approximate) Family Net worth	
Country(ies) where this source of wealth was/is attained	
Relationship of donor to you	
Date of transaction	
Total amount	
Name and address of party providing the gift	
Country(ies) where source of this wealth was/is attained	
Other (Please provide details of your source of wealth, if it differs to the o	ntions above or to add further details describing your source
of wealth profile)	prioris above, or to add farther details describing your source
Customer Signature:	Data
OUDIOTHOL DIGHTELLE	Date:

Declaration of account holder (in case of face to fa	ace meeting)	
I confirm that the information given above is true and Banking General Terms and Conditions and expressly any third party or parties. In compliance with the Cen I undertake to provide you with up-to-date document.	vagree and accept to be bound by them atral Bank of Bahrain's rules for monitori	and I am not acting on behalf or
Customer Signature:	Date:	

Section 4: Any additional information/details:

IMPORTANT INFORMATION

A. The supporting documents required along with this form are:

- 1) Passport
- 2) Residence Visa page (non GCC national only)
- 3) Local ID with Smart card printout (GCC Local ID for GCC nationals)
- 4) Proof of address: Please provide any one of the documents in the table below, depending on your employment and/or circumstances.

Please also carry the originals of all the above mentioned documents.

All customers	Updated Bahraini Smart card with residential address or
	Utility Bill dated within the last four months or
	Landline phone / Internet bills dated within the last four months or
	Current valid tenancy contract or
	Contracts must be verified by the local Authorities, the following link is the Bahrain's E-Government portal having more information about the process Link
	Bank statements, or credit/debit card statements dated within the last four months (or annual bank statements) if they state the full residential address
Salaried Individuals	Salary transfer letter or salary certificate or employer letter dated within the last four months confirming the employer PO Box and full physical address
Sole Trade or Business owner	 Valid trade license of their business entity owned by the individual with the PO box & full physical address or
	 Utility bills dated within the last four months of the business entity owned by the individual or
	 Current valid tenancy contract of the business entity owned by the individual Contracts must be verified by the local Authorities, the following link is the Bahrain's E-Government portal having more information about the process Link
Student	Letter from the university confirming their enrolment status and university address
Other including not employed and retired	 Letter from sponsor (Husband/ Wife/ Father/ Mother/ Brother/ Sister/ Daughter/ Son) confirming residential address AND the sponsor's proof of address as per other categories listed above

5) Proof of source of funds: Please provide any **one** of the options listed in the table below:

Salaried	Salary transfer letter or salary certificate or employer letter dated with the last four months or
	Copy of last 3 months bank account statements of the business
Sole Trade or Business	Valid trade license of their business entity owned by the individual
owner	Copy of last 3 months bank account statement
Pensioner / Retired	Annual pension statement, pension pay slips dated within the last four months
In case of cash deposit	Proof of source of cash
Student	Letter from University with the course end date
	 Where the contributions are made to a student account equal or more than BHD 28,000, the contributor's details (connected party) such as full name, date of birth and residential address must be obtained
Non employed	Proof of source of funds from the sponsor or contributor.

- A. In the case of Joint Accounts, a separate KYC form should be completed for each Joint Account holder.
- B. In the case of Child account, a separate KYC form should be completed for the Child and the Parent/Guardian.
- C. For Unclaimed / Dormant account activation any outstanding unpaid charges on the account will be debited automatically once the account is activated.

For Office Use Only	у:			
			Periodic Revie	W
☐ New to bank onb	poarding	☐ Face	to face	Phone
Is the Customer a Vu If yes, please select	Inerable Person or subject to another special c the category:	ase?	Yes No	
☐ Benefit or	Social Welfare claimants			
Individuals	in care homes/sheltered accommodation/refu	ge		
Students				
☐ Minors				
Individuals	who lack the capacity to manage their own af	fairs		
Economic	migrants /Refugees/Asylum seekers			
Customer's Market s	ector:			
Has the customer be	en linked in the Global Customer Directory (GC	CD): Yes	□ No	
Does the customer fa	all under any of the Special Category Client (SC	CC) categories? Yes	s 🔲 No	
If yes, please provide	e more information about the classification (Bei	ng SCC):		
Conducted by:				
Name:	Ε	esignation:		
Signature:		Date:		
Approved by:				
	Name and Staff Number		Date	Signature
Department BMLCO approval			/	
Head of Business approval			/ /	