

UNIQUE ID:

Details of Senior Management, Shareholders, Ultimate Beneficial Owners, Authorized Signatory(ies) / Power of Attorney(s), Settlor(s), Trustee(s), Beneficiary(ies), (collectively known as 'parties') as applicable.

| | | | | |
|-------|--|--|------------------|--|
| APP 1 | NAME <small>As Per Passport</small> | | DESIGNATION | |
| | NATIONALITY(IES) | | PASSPORT / EID # | |
| APP 2 | NAME <small>As Per Passport</small> | | DESIGNATION | |
| | NATIONALITY(IES) | | PASSPORT / EID # | |
| APP 3 | NAME <small>As Per Passport</small> | | DESIGNATION | |
| | NATIONALITY(IES) | | PASSPORT / EID # | |
| APP 4 | NAME <small>As Per Passport</small> | | DESIGNATION | |
| | NATIONALITY(IES) | | PASSPORT / EID # | |

*For additional details use additional applicant parties sheet.

| | | | | |
|---------|-----------------|--|------------------|--|
| ADDRESS | OFFICE/VILLA | | BUILDING NAME | |
| | STREET | | NEAREST LANDMARK | |
| | P.O BOX | | CITY, COUNTRY | |
| | OFFICE TEL. NO. | | MOBILE NO. | |
| | E-MAIL | | WEB ADDRESS | |

| | | | | |
|---|--|--|---|--|
| NATURE/TYPE OF BUSINESS | BUSINESS INDUSTRY(IES) | | | |
| | NATURE OF BUSINESS | | NO. OF YEARS IN BUSINESS | |
| | NO. OF EMPLOYEES | | WPS ARRANGEMENT | |
| | PRODUCT/SERVICES OFFERED | | | |
| | SOURCE OF FUNDS | | APPROX. ANNUAL TURNOVER ₹ | |
| | COUNTRIES OF SUPPLIERS | | COUNTRIES OF CUSTOMERS | |
| | MODE OF PAYMENT TO THE SUPPLIERS | | MODE OF RECEIPT OF PAYMENT FROM CUSTOMERS | |
| | LEGAL NAMES OF TOP 3 SUPPLIERS | | | |
| | LEGAL NAME OF TOP 3 CUSTOMERS | | | |
| | ARE YOUR 50% OF THE BUSINESS SALES CONDUCTED IN CASH-BASED TRANSACTIONS? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ANY OF THE PRODUCTS/SERVICES OFFERED ON THE UAE CONTROL LIST? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO <small>(Please specify)</small> | |

| | | | | |
|---------------------|--|--|--------------|--|
| OTHER BANK ACCOUNTS | DO YOU MAINTAIN ANY OTHER ACCOUNT(S) WITH UBL? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | ACCOUNT TITLE | | | |
| | ACCOUNT NUMBER | | BRANCH, CITY | |
| | DO YOU MAINTAIN ANY OTHER ACCOUNT(S) WITH OTHER BANKS? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | BANK | | BRANCH, CITY | |

Authorized Signatory/Stamp

Authorized Signatory/Stamp

UNIQUE ID:

EXPECTED TRANSACTION ACTIVITY DETAILS

| | | | | | |
|----------------------------|--|--|----------------------------|----------------------|--------------------------|
| TRANSACTION DETAILS | PRIMARY PURPOSE OF A/C | <input type="checkbox"/> Payroll Account <input type="checkbox"/> Credit Facilities <input type="checkbox"/> Investment <input type="checkbox"/> Guarantees <input type="checkbox"/> Foreign Payments/Collections/Remittances <input type="checkbox"/> Correspondent Banking <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Domestic Payments/ Collections/ Cash Management <input type="checkbox"/> Others _____ (Please specify the "Others" section) | | | |
| | TOTAL MONTHLY TRANSACTIONS | CASH | FOREIGN REMITTANCES | OTHER CREDITS | MONTHLY AGGREGATE |
| | NO. OF DEBIT TRANSACTIONS | | | | |
| | NO. OF CREDIT TRANSACTIONS | | | | |
| | DEBIT AMOUNT | | | | |
| | CREDIT AMOUNT | | | | |
| | SINGLE MAXIMUM CASH DEPOSIT AMOUNT | | | | |
| | SINGLE MAXIMUM CASH WITHDRAWAL AMOUNT | | | | |
| EXPECTED COUNTRIES | | | | | |

| | | |
|---------------------------------|---|---|
| CHEQUE BOOK / DEBIT CARD | CHEQUE BOOK REQUIRED? (Cheque book only for current accounts). <i>First cheque-book will be of only 10 leaves</i> | <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A |
| | DEBIT CARD REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A NAME TO BE PRINTED ON DEBIT CARD: _____ <small>(max 21 characters)</small> | |

| | | | | |
|-------------------------------|--------------------------------|--------------------------------------|----------------------------|--|
| STATEMENT INSTRUCTIONS | STATEMENT TYPE | <input type="checkbox"/> E-Statement | STATEMENT FREQUENCY | <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half Yearly |
| | PREFERRED EMAIL ADDRESS | | | |

AUTHORIZED SIGNATORIES

The following person(s) is/are authorized to operate the account and will sign as per the signatures hereunder and on the enclosed signature card.

Single Jointly Other Instructions (please provide separately)

| NAME (as per passport) | EID / PASSPORT NO. | DESIGNATION | NATIONALITY | MOBILE NO. | SIGNATURES |
|------------------------|--------------------|-------------|-------------|------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |

DEPOSIT DETAILS

| | |
|---|---|
| MODE OF INITIAL DEPOSIT | <input type="checkbox"/> Cash Deposit <input type="checkbox"/> Self – Funding (Domestic Bank Transfer / Cheque) <input type="checkbox"/> Self – Funding (International Bank Transfer) <input type="checkbox"/> 3 rd Party Funding (Bank Transfer / Cheque) <input type="checkbox"/> Others _____ (Please specify the "Others" section) |
| INITIAL DEPOSIT AMOUNT <small>(Currency & Amount)</small> | |
| AMOUNT IN WORDS <small>(Currency & Amount)</small> | |

UNIQUE ID:

| | | |
|---------------------------|---|---|
| OTHER PRODUCTS & SERVICES | PLEASE TICK THE PRODUCTS/SERVICES YOU WOULD LIKE TO AVAIL | <input type="checkbox"/> Phone Banking <input type="checkbox"/> eSWIFT <input type="checkbox"/> SMS Alert <i>(Transactional Service)</i> <input type="checkbox"/> Digital Corporate Portal |
| | SMS ALERT TO BE SENT TO MOBILE NO. _____ <small>COUNTRY CODE & MOBILE</small> | |
| | RECEIVE SWIFT COPY VIA EMAIL ON THE FOLLOWING EMAIL ADDRESS EMAIL ADDRESS _____ CONFIRM EMAIL ADDRESS: _____ | |

APPLICANT'S DECLARATIONS

I/We declare that the information given in this Account Opening Form is true and correct. The *Terms & Conditions Governing Bank Accounts* which form an integral part of this form have been read and understood clearly and a printed set has been received by me/us. I/We expressly agree to abide by them and any new conditions that may come into effect from time to time whether specifically advised to me/us or not. I/We have also been informed by the bank and agree that any future updates to the Banks Terms and Conditions will be updated by the Bank on its official website or a copy of the same may be obtained by visiting one of the branches. I/We also undertake to regularly provide the Bank with renewed / updated ID, documents and information that need to be provided to maintain the relationship, or else, the Bank shall have the right to take appropriate action as deemed necessary. Under the UAE Federal Law No. 6 of 2010 dated November 7, 2010 on Credit Information, I/We hereby irrevocably authorize United Bank Limited to share my / our loan information, including but not limited to, outstanding balance, installment amount and / or delinquency status. I / We also authorize United Bank Limited to obtain my / our credit information from the Al Etihad Credit Bureau whenever required.

Yours faithfully,

 Authorized Signatory/Stamp

 Authorized Signatory/Stamp

SPECIMEN SIGNATURE

| | | |
|---|---|--|
| ACCOUNT NUMBER | | |
| ACCOUNT TITLE | | |
| OPERATING / SPECIAL INSTRUCTIONS | <input type="checkbox"/> Singly <input type="checkbox"/> Jointly <input type="checkbox"/> Others: _____ <i>(Please specify)</i> | |

| NAMES (S) | SIGNATURE(S)* | |
|-----------|---------------|-----|
| | (1) | (2) |
| 1. | | |
| 2. | | |

**Please sign with blue or black ink within the box*

APPROVED BY: _____
(Please cross out the blank or unused line(s) on the card)

UNIQUE ID:

Common Reporting Standards – Self Certification Form

Non-Financial Entities (Companies)

PART 1: Determination of CRS Applicability

| Please Answer the Following | | |
|---|--|---|
| a) Is the entity having "UAE Tax Residency status"? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| b) Is this entity an Active Non-Financial Entity or a Passive Non-Financial Entity (please see below definition)* | <input type="checkbox"/> Active <input type="checkbox"/> Passive | If the answer is "Active", please skip part 3. If the answer is "Passive", must complete all the sections including initial all the pages. |

* "Passive" entities generate >50% of their income from passive sources such as interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc., whereas "Active" entities generate >50% of their income from non-passive sources such as non-investment businesses like trading, manufacturing or provision of services etc.

PART 2: Account Holder Information

2.1 IDENTIFICATION INFORMATION

| | | | | |
|--|--|--|----------------|--|
| LEGAL NAME OF ENTITY | | | | |
| TRADE LICENSE NUMBER | | | | |
| COUNTRY OF INCORPORATION | | | | |
| CURRENT ADDRESS | | | COUNTRY | |
| IS THIS ENTITY, A PUBLICLY LISTED COMPANY OR AN AFFILIATE OF A PUBLICLY LISTED COMPANY? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Name of Exchange on which the company is listed: _____ | | |
| IS THIS ENTITY: | Provide some documentary evidence to prove claimed status. | | | |
| i. GOVERNMENT OWNED? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ii. A TAX EXEMPT RETIREMENT FUND OR TRUST? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| iii. A TAX EXEMPT NOT FOR PROFIT ENTITY (CHARITY)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

2.2 COUNTRY OF RESIDENCE FOR TAX PURPOSES

Please provide following information in the table below:

- i. Name of the country where the account holder is a tax resident.
- ii. Account Holders Tax Identification Number (TIN)¹ in each country indicated.
- iii. If the Account Holder is not tax resident in any jurisdiction (e.g. because it is fiscally transparent), please indicate that on line 1 and provide its place of effective management or country in which its principal office is located.
- iv. If a TIN is unavailable please provide the appropriate reason A, B or C:
 - a. **Reason A** The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
 - b. **Reason B** The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).
 - c. **Reason C** No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

| S. No | Country of Tax Residence | Tax Identification Number | Reason (If TIN not available) |
|-------|--------------------------|---------------------------|-------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Note: If the Account Holder is tax resident in more than three countries please use a separate sheet

UNIQUE ID:

PART 3: Controlling Persons² Information (only in case of Passive Non-Financial Entity)

(Provide information required for all controlling persons of an Entity by using separate sheets for each such person)

3.1 IDENTIFICATION INFORMATION – CONTROLLING PERSON

| | | | |
|--|------|---------------|--|
| NAME | | NATIONALITY | |
| IDENTIFICATION NUMBER (EMIRATES ID /PASSPORT) | | DATE OF BIRTH | |
| PLACE OF BIRTH | CITY | COUNTRY | |
| CURRENT RESIDENCE ADDRESS | | COUNTRY | |
| TYPE OF CONTROLLING PERSON* | | | |

*control by ownership, control by any other means, control as senior managing official etc.

3.2 COUNTRY OF TAX RESIDENCE FOR TAX PURPOSES – CONTROLLING PERSON

Please provide following information in the table below:

- i. Name of the country where the controlling person is a tax resident
- ii. Controlling Person’s Tax Identification Number (TIN) in each country indicated.
- iii. if a TIN is unavailable please provide the appropriate reason A, B or C
 - a. **Reason A:** The country where the Account Holder is liable to pay tax does not issue TINs to its residents.
 - b. **Reason B:** The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).
 - c. **Reason C:** No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

| S. No | Country of Tax Residence | Tax Identification Number | Reason (If TIN not available) |
|-------|--------------------------|---------------------------|-------------------------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Note: If the Account Holder is tax resident in more than three countries please use a separate sheet

PART 4: Declaration

I/We, authorized signatories of _____, acknowledge and declare under the penalties of perjury that the information provided above is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide under the penalties of perjury supporting evidence and provide updates within 30 days in case any of the aforementioned information changes. I/We the undersigned expressly waive any rights I may have to the protection of my account details, under the local / Federal laws and expressly and unconditionally allow United Bank Limited to give the necessary information as they deem fit to any regulatory authority and / or allow access to such information under local statutes, rules, regulations or any other applicable laws and do hereby consent, agree and confirm that the United Bank Limited shall have the exclusive right to disclose my personal information with respect to any of my accounts with the Bank directly or indirectly with tax authorities of another country or countries in which the Account Holder/Controlling Person may be tax resident when requested and as deemed necessary by the Bank, of whatsoever nature.

I acknowledge and accept that the Bank reserves the right to close or suspend without prior notice, any account for which required document/information is not submitted within stipulated time, or in case of any false information is provided.

Note: As per the guidelines by Central Bank of the UAE, a fine of Dirhams (20,000) twenty thousand shall be imposed if the self- certification submitted contains any inaccurate or incorrect information.

| 1. Authorized Signatory Name, Sign & Date | 2. Authorized Signatory Name, Sign & Date |
|---|---|
| | |

¹ **Tax Identification Number:** A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an individual or an Entity and used to identify the individual or Entity for the purposes of administering the tax laws of such jurisdiction. Some jurisdictions do not issue a TIN. However, these jurisdictions often utilize some other high integrity number with an equivalent level of identification. Examples of that type of number include, for individuals, a social security/insurance number, citizen/personal identification/service code/number, and resident registration number.

² **Controlling Person(s)** means the natural persons who exercise control over an Entity. In the case of a trust, that term means the settlor(s), the trustee(s), the protector(s) (if any), the beneficiary (ies) or class (es) of beneficiaries, and any other natural person(s) exercising ultimate effective control over the trust, and in the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions who exercise control over an entity. This definition corresponds to the term “beneficial owner” described in Recommendation 10 of the Financial Action Task Force.

UNIQUE ID:

Foreign Account Tax Compliance Act (FATCA) Form for Non-Financial Entities (Companies)

| PLEASE ANSWER THE FOLLOWING | | IF ANSWER TO QUESTION IS YES, PLEASE PROVIDE FOLLOWING REQUIRED INFORMATION: |
|---|--|---|
| a) Is this entity a publicly listed Company or an affiliate of a publicly listed Company? | <input type="checkbox"/> YES <input type="checkbox"/> NO | Name of Exchange on which the company is listed: _____ |
| b) Is this entity: | <input type="checkbox"/> YES <input type="checkbox"/> NO | Provide some documentary evidence to prove claimed status. |
| i. Government owned? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| ii. A tax exempt Retirement Fund or Trust? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| iii. A tax exempt Not for Profit entity (Charity)? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| c) The Country of Incorporation and/or Parent Company Country of Incorporation is the U.S.? | <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, please submit signed and complete W9 form; If No, please provide following information Country of Incorporation (Col): _____ Parent Company Col: _____ Local Contact #: _____ International Contact #: _____ |
| d) Is this entity an Active Non-Financial Entity or a Passive Non-Financial Entity* | <input type="checkbox"/> Active <input type="checkbox"/> Passive | If Passive NFE, please submit signed and complete W8-BEN-E form |

Note: If an Entity doesn't come under any of the classification as mentioned above, please provide signed and complete Form W-8BEN-E.

| Declaration |
|--|
| <ul style="list-style-type: none"> - I/We, authorized signatories of _____, acknowledge and declare under the penalties of perjury that the information provided above is correct and true and complete to the best of my/our knowledge and belief. I/We agree to provide under the penalties of perjury supporting evidence and provide updates within 30 days in case any of the aforementioned information changes. - I / We the undersigned expressly waive any rights I / We may have to the protection of my/our account details , under the local / Federal laws and expressly and unconditionally allow United Bank Limited to give the necessary information as they deem fit to any regulatory authority and / or allow access to such information under UAE statutes, rules, regulations or any other applicable law or to the US Treasury Internal Revenue Service of the United States of America or its representatives or agents, and do hereby consent, agree and confirm that the United Bank Limited shall have the exclusive right to disclose my/our personal information with respect to any of my/our accounts with the Bank directly or indirectly to the U.S Treasury Internal Revenue Service of the United States of America or its representatives or agents when requested and as deemed necessary by the Bank, of whatsoever nature. - The Customer acknowledges and accepts that the Bank reserves the right to close or suspend without prior notice, any account for which required document/information is not submitted within stipulated time. |

| 1. Authorized Signatory Name, Sign & Date | 2. Authorized Signatory Name, Sign & Date |
|---|---|
| | |

*"Passive" entities generate >50% of their income from passive sources such as interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc., whereas "Active" entities generate >50% of their income from non-passive sources such as non-investment businesses like trading, manufacturing or provision of services etc.

UNIQUE ID:

UBL DIGITAL CORPORATE PORTAL CUSTOMER CREATION FORM

| COMPANY DETAILS | | | |
|------------------------|--|----------------------|--|
| COMPANY CIF NO. | | CUSTOMER NAME | |

| PRODUCT INFORMATION | | | | | | |
|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| PRODUCTS TO BE ASSIGNED | | MAKER | STP | CHECKER | APPROVER | PUBLISHER |
| <input type="checkbox"/> | INTERNAL FUNDS TRANSFER (IFT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | INTER BANK FUNDS TRANSFER (IBFT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | UTILITY BILLS PAYMENT (UBP) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | OUTWARD REMITTANCE (OR) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | ACCOUNTS ENQUIRY | | | | | |
| <input type="checkbox"/> | ACTIVITY HISTORY ENQUIRY | | | | | |

| ACCOUNTS TO BE LINKED (UNDER SAME CIF) | | |
|--|-------------|---------------|
| COMPLETE ACCOUNT NO. | | ACCOUNT TITLE |
| BR. CODE | ACCOUNT NO. | |
| | | |
| | | |
| | | |
| | | |
| | | |

| TRANSACTION MATRIX | | |
|--------------------------|---------------------|---|
| Matrix Selection | Role | Role Description |
| <input type="checkbox"/> | M + A | Maker & Approver |
| <input type="checkbox"/> | M + A + P | Maker, Approver & Publisher |
| <input type="checkbox"/> | M + C1 + A | Maker, Checker & Approver |
| <input type="checkbox"/> | M + C1 + A + P | Maker, Checker, Approver & Publisher |
| <input type="checkbox"/> | M + C1 + C2 + A | Maker, Checker1, Checker2 & Approver |
| <input type="checkbox"/> | M + C1 + C2 + A + P | Maker, Checker1, Checker2, Approver & Publisher |
| <input type="checkbox"/> | STP | Straight Through Processing by Authorized Signatory |

| CHECKER LEVELS |
|--|
| SELECT THE LEVEL OF CHECKER ROLE FOR THE COMPANY: <input type="checkbox"/> CHECKER1 <input type="checkbox"/> CHECKER2 <input type="checkbox"/> NOT APPLICABLE |

| PUBLISHER LEVEL |
|---|
| SELECT WHETHER TO OPT FOR PUBLISHER ROLE FOR THE COMPANY: <input type="checkbox"/> PUBLISHER <input type="checkbox"/> NOT APPLICABLE |

APPROVAL MATRIX, SEQUENCE & LIMITS

Approval Matrix

| Approver Group | | Approver Group | | Approver Group | |
|----------------|-------------------|----------------|-------------------|----------------|-------------------|
| Group Name | No. of Authorizer | Group Name | No. of Authorizer | Group Name | No. of Authorizer |
| | | | | | |

Approval Sequence

Sequential Non-Sequential
Transaction Expiry Period (in Hours): (max. 999)

Per Day User Upload Limit (Maximum)

| User Rights | Maker | STP |
|-------------|-------|-----|
| IFT | AED | AED |
| IBFT | AED | AED |
| UBP | AED | AED |
| OR | AED | AED |

Per Day Limit (Approver)

| User Rights | Minimum Limit | Maximum Limit |
|-------------|---------------|---------------|
| IFT | AED | AED |
| IBFT | AED | AED |
| UBP | AED | AED |
| OR | AED | AED |

UNIQUE ID:

UBL DIGITAL CORPORATE PORTAL “CUSTOMER” USER ID CREATION FORM

USER INFORMATION

| | | | |
|---|--|--|--|
| COMPANY CIF NO. | | COMPANY NAME | |
| APPLICANT CIF NO. <i>(APPLICABLE FOR APPROVER ONLY)</i> | | APPLICANT NAME <i>(AS PER EID)</i> | |
| EID NUMBER | | PASSPORT NO. | |
| EID EXPIRY DATE <i>(DD/MM/YYYY)</i> | | PASSPORT EXPIRY DATE <i>(DD/MM/YYYY)</i> | |
| DATE OF BIRTH <i>(DD/MM/YYYY)</i> | | EMAIL ID | |
| MOBILE NO. | | PHONE NO. | |
| POSTAL ADDRESS | | | |

ONE-TIME PASSWORD (OTP) & ALERT CHANNELS

- SMS Email

USER ACCEPTANCE

We authorized the above mentioned applicant to view, transact and maintain the company’s account through UBL Business Banking Portal as per the Rights defined in herein. We have read and agreed to all the annexed Terms and Conditions for operating the UBL Business Banking Portal Services. We also confirm having read and receive the copy of the Term and Conditions for operating UBL Business Banking Portal Services.

| | |
|----------------------------|---|
| Applicant Signature | Authorized Signatory(s) Signature with Company Stamp |
|----------------------------|---|

**For additional user details use additional user applicant sheet.*

UNIQUE ID:

CUSTOMER ACCOUNT INFORMATION FORM

Subject to local regulations and Bank's Terms & Conditions governing various transactions & accounts as updated from time to time on Bank's website

Date: _____

dd/mm/yyyy

The Manager, United Bank Limited

Account No.

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Branch: _____ Emirate: _____

ACCOUNT TITLE: _____

I/We would like to request you to update the existing account information of my/our above mentioned account with details as provided below:

Note: Only information that needs to be updated should be mentioned in the fields below

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--|--|--|---|--|--|--|--|-------------------------------------|---------------------------|----------------------------------|--|--------------------------------------|--|---------------------|--|---------------------------------|--|--------------------------|--|--|---------------------------|--|--|
| CIF is filled for: | | <input type="checkbox"/> Mandate Holder <input type="checkbox"/> Director/Partner <input type="checkbox"/> Authorized Signatory <input type="checkbox"/> Ultimate Beneficiary (if other than customer) | | | | | | | | | | | | | | | | | | | | | | | |
| Relationship with UBO: | | | | | | | | | | | | | | Source of income/wealth | | | | | | | | | | | |
| Name of CIF holder | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender | | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Marital Status | | <input type="checkbox"/> Married <input type="checkbox"/> Single | | <input type="checkbox"/> Other (Please Specify): | | | | | | | | | | | | | | | | | |
| Occupation | | <input type="checkbox"/> Government Service | | <input type="checkbox"/> Private Service | | <input type="checkbox"/> Self Employed | | <input type="checkbox"/> House Wife | | <input type="checkbox"/> Unemployed | | <input type="checkbox"/> Student | | <input type="checkbox"/> Agriculture | | | | <input type="checkbox"/> Other: | | | | | | | |
| Company/Employer Name | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office Address | | | | | | | | | | | | | | | | | | | | | | | | | |
| Office PO Box # | | | | | | | | City/Emirate | | | | | | | | | Country | | | | | | | | |
| Office Telephone # | | <small>Country Code</small> | | <small>Area Code</small> | | | | | | | | Extension # | | | | Office Fax # | | <small>Country Code</small> | | <small>Area Code</small> | | | | | |
| Nationality | | 1 | | | 2 | | | | | | 3 | | | | | | | | | Date of Birth | | | <small>dd/mm/yyyy</small> | | |
| Passport # | | | | | | | | Issue Date | | | <small>dd/mm/yyyy</small> | | | Expiry Date | | | <small>dd/mm/yyyy</small> | | | | | | | | |
| Passport Place of Issue | | | | | | | | E-mail | | | | | | | | | | | | | | | | | |
| Tax Resident Country(ies) | | | | | | | | Tax Identification Number | | | | | | | | | Reasons If TIN is not available | | | | | | | | |
| Visa # | | | | | | | | Issue Date | | | <small>dd/mm/yyyy</small> | | | Expiry Date | | | <small>dd/mm/yyyy</small> | | | | | | | | |
| Emirates ID # | | | | | | | | Expiry Date | | | <small>dd/mm/yyyy</small> | | | | | | | | | | | | | | |
| Mother's Maiden Name* | | | | | | | | Favourite City* | | | | | | | | | | | | | | | | | |
| Father/Husband Name * | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | |
|---|--------------------------|--|-----------------------------|--|--------------------------|--|--|--|-------------------------|--|--|----------------|-------------------|--|-----------------------------|--|--|--|--|--|
| Current Address (Residential) | Flat/House No. | | | | | | | | Building Name | | | | | | | | | | | |
| | Street | | | | | | | | Nearest Landmark | | | | | | | | | | | |
| | Personal P.O. Box | | | | | | | | City/Emirate | | | Country | | | | | | | | |
| | Res. Tel. No. | | <small>Country Code</small> | | <small>Area Code</small> | | | | | | | | Mobile No. | | <small>Country Code</small> | | | | | |
| Permanent Address (Home Country) | Flat/House No. | | | | | | | | Building Name | | | | | | | | | | | |
| | Street | | | | | | | | Nearest Landmark | | | | | | | | | | | |
| | Personal P.O. Box | | | | | | | | City/Emirate | | | Country | | | | | | | | |
| | Res. Tel. No. | | <small>Country Code</small> | | <small>Area Code</small> | | | | | | | | Mobile No. | | <small>Country Code</small> | | | | | |

Mother's Maiden Name and Favorite City are security information which in addition to other details is used by the Bank for verification purposes in order to enable secure access to your Account and information through different channels. I /We confirm that the above information is accurate as of date and can be updated in the Bank records and used to communicate with me/us. Thank you. I/We hereby confirm that the tax information provided in the updated form is valid, true, complete, and accurate to the best of my knowledge. I understand that providing false or misleading information may result in legal or regulatory consequences. I also agree to promptly notify Bank (United Bank Limited) of any changes to the tax information submitted.

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| | | | | | | | |
| Account Holder Signature/Company Stamp | | | | Joint Account Holder Signature/Company Stamp | | | |
| | | | | | | | |
| Account Holder Name | | | | Joint Account Holder Name | | | |

For Bank Use Only

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|---|--|--|--|---|--|---|--|
| Application Delivered to Bank: | | <input type="checkbox"/> In Person by Customer | | <input type="checkbox"/> Through Mail/Messenger | | <input type="checkbox"/> Through Fax | |
| | | | | | | Charges Recovered NA Waived Yes | |
| App Received By Name & Signature | | Sign Verified By Name & Signature | | Input By Name & Signature | | Supervised by: Name & Signature | |