



Customer Information Update Application

Institutional Clients

CIF:

Name:

For SICO use only

Client's Account Details:

Name:

CIF No:

To be filled by Client

Full Legal Name:

CR Number

Date of Incorporation:

Name of Regulator:

Name of External Auditor:

Website (if available):

Principal Place of Business:

Country of Incorporation:

List of all beneficial owners who hold more than 10% of the Client's capital

(Please attach additional sheet if the below space is insufficient)

Name of beneficial owner:

Nationality:

1.

2.

3.

4.

5.

Initial:

Politically Exposed Persons (PEPs)

Politically Exposed Persons (PEPs)

'PEPs' means individuals who are, or have been, entrusted with prominent public functions in Bahrain or a foreign country, or persons who are or have been entrusted with a prominent function by an international organization, such as Heads of State or government, senior politicians, senior government, judicial or military officials, senior executives of state owned corporations or important political party officials.

Holding a political position

Is the entity owned or controlled by any person who currently is an official (or was in the past five years), or a first line relative, or a cadre higher than a Government Under-Secretary of State?

☐ Yes ☐ No

Address

City:	Postal/Zip Code:
Country:	Telephone:
Fax:	E-mail:

Address for Correspondence (if different from above)

City:	Postal/Zip Code:
Country:	Telephone:
Fax:	E-mail:

Instruction/ Client notification by:	☐ Telephone	☐ Fax	☐ E-mail
External Settlement Agent or Custodian:	☐	Name	
(if applicable)		Address	

Initial:

Constitution of the entity:	☐ Single Person	☐ DPMA	☐ Individual Establishment
	☐ Fund Company	☐ Partnership Company	☐ Public Sector Entity (PSE)
	☐ Special Purpose Vehicle Entity (SPV/SPE)	☐ With Limited Liability Company (W.L.L.)	☐ Privately held company / Close corporation
	☐ Sovereign Wealth Fund (SWF)	☐ Government Ministries (government department)	☐ Shareholding Company (listed/publicly owned)
	☐ Other (Please specify):		
Nature of Activity:	☐ Banking and Brokerage	☐ Other Financial Services	☐ Fund / DPMA
	☐ Sovereign / Government Entity	☐ Corporates (non-Financial Companies)	☐ Trust / Non-Profit Organization
	☐ Other (Please specify):		
Ownership classification:	☐ Listed (Public Company)	☐ Private Shareholders	☐ General Partners
	☐ Family Business (non-PEP)	☐ Family Business (PEP Owned Entity)	☐ Single Owner (non-PEP)
	☐ Single Owner (PEP Owned Entity)	☐ Sovereign / Government Owne	☐ State-Owned Enterprise (SOE)
	☐ Controlled by promoter (for funds, DPMA etc.)	☐ Subsidiary / Bank Affiliate / Member of a large Group	☐ Other (Please specify):
Investment Objectives:	☐ Regular Income	☐ Short term profits	☐ Long term profit
Listing Status:	☐ Listed	☐ Not Listed	☐ Subsidiary / Promoted by Listed Company
Market Share in Industry based on company turnover to total industry turnover	☐ Not Available	☐ Less than 2%	☐ 2% to 10%
	☐ 10% to 20%	☐ 20% to 30%	☐ 30% to 40%
	☐ More than 40%		
Business vintage (years):	☐ < 5	☐ 5-10	☐ 10-15
	☐ 15-25	☐ > 25	
Investments/Assets dealt in:	☐ Shares (equities)	☐ Investment Funds	☐ Debt Instruments (bonds/Sukuk)
	☐ Other (Please specify):		
Markets dealt in:	☐ GCC	☐ Europe	☐ MENA
	☐ Asia	☐ USA	☐ Other (Please specify):
Expected annual turnover from client: (Value of trades in BHD)	☐ < 5,000	☐ 5,000 - 25,000	☐ 25,000 - 50,000
	☐ 50,000 - 75,000	☐ 75,000 - 100,000	☐ > 100,000
Number of years of experience with other brokers/investments:	☐ < 1	☐ 1-3	☐ 3-5
	☐ 5-10	☐ 10-15	☐ > 15
Investment objective:	☐ Capital preservation	☐ Income	☐ Growth
	☐ Speculation	☐ Acquisition	
	☐ Other (Please specify):		
External Rating, if any:	☐ Rated (Please specify rating and rating agency:		
	☐ Not Rated		
Client's Risk appetite:	☐ Extreme	☐ High	☐ Medium
	☐ Low		

Initial:

Brokerage Accounts

SICO offers clients access to equities and fixed income markets globally. Please select the types of accounts you would like to open:

Regional Brokerage Account			
SICO LIVE Regional (e.g. stocks on the Bahrain Bourse. Select markets below) Portfolio currency is Bahraini Dinars	☐ BHB	☐ TADAWUL	☐ DFM
	☐ ADX	☐ NASDAQ	☐ QE
	☐ KSE	☐ MSM	☐ CASE
	☐ ASE		
Global Markets Brokerage Account			
Bonds & Sukuk	☐ International Bonds and Sukuk (e.g. US dollar denominated Bahrain sovereign bonds) Portfolio Currency: Bahraini Dinar		
	☐ Domestic Bonds and Sukuk (e.g. Bahrain T-Bills, Bahrain Development Bonds, etc.) Portfolio Currency: US Dollar		
SICO LIVE Global	☐ Trade stocks, ETFs, bonds and funds in the US, UK and European markets. Stay up to date with the latest news, analysis from leading research providers, and use the latest AI-driven trading signal tools to place your trades.		

Please refer to the terms and conditions for more details and information on the account types.

SICO LIVE

SICO LIVE are state-of-the-art online trading platforms provided to our clients featuring the highest levels of functionality and security. SICO LIVE provides you with direct access to multiple regional and global markets through your desktop, laptop or mobile devices.

SICO LIVE Regional

SICO LIVE Regional provides users with ability to trade regional markets using **delayed market data for free**.

☐ Please enable SICO LIVE Regional for my regional equities trading account.

If you opt for live market data, please select the market:

Region	Country	Exchange	Level 1	Level 2
			Real Time	Real Time
GCC	Bahrain	BHB	Free	Free
	UAE	ADX	☐	☐
		DFM	☐	☐
		NASDAQ	☐	☐
	Qatar	QE	☐	☐
	Saudi Arabia	Tadawul	☐	☐
	Kuwait	KSE	☐	☐
MENA	Oman	MSM	☐	☐
	Egypt	CASE	☐	☐
	Jordan	ASE	☐	☐

1. "Delayed" is a data feed that provides stock quotes and other price related information with a time lag of 15 minutes from when the source information was updated or changed. This feed is suitable for investors not looking to trade continuously.
2. "Real Time" is a data feed that provides stock quotes and other price related information nearly instantaneously from when the source information was updated or changed. This feed is suitable for traders that need up-to-the-second price information.
3. "Level 1" is a data feed that provides basic market price data about stocks including bid and ask prices, bid and ask sizes, and last trade price and size. This data feed provides the necessary data to trade.
4. "Level 2" (also known as the 'Order Book') is a data feed that provides data on the exchange's list of buy and sell orders organized by order size and price level for each stock. This data feed improves market transparency as it provides information on price, availability, market depth and information on market participants.

Initial:

Name	ID Number	Signature	Date

For Bank Use Only			
	Name	Signature	Date
Account Opening Staff			

Officials authorised to trade with SICO on behalf of the Institution

(Please attach sheet if more persons would trade)

Official 1:

Name: Title:

Telephone: Fax:

E-mail address:

Specimen Signature

Official 2:

Name: Title:

Telephone: Fax:

E-mail address:

Specimen Signature

Official 3:

Name: Title:

Telephone: Fax:

E-mail address:

Specimen Signature

Institution's Back Office/ Operations Department contact details

(Please attach sheet if there are more persons)

Contact Person 1:

Name: Title:

Telephone: Fax:

E-mail address:

Specimen Signature

Contact Person 2:

Name: Title:

Telephone: Fax:

E-mail address:

Specimen Signature

Initial:

Anti-Money Laundering Questionnaire
 (For Financial Institutions only)

1	Is money laundering a criminal offence in the country where the institution is located? Has your country established laws designed to prevent money laundering and terrorist financing?	☐ Yes ☐ No
	If 'No', has your institution designed policies to prevent money laundering and terrorist financing and is it in accordance with the Financial Action Task Force (FATF)'s recommendations?	☐ Yes ☐ No
2	Do the laws and regulations in your country prohibit your institution from:	☐ Yes ☐ No
	a. Open/maintain anonymous or numbered accounts?	☐ Yes ☐ No
	b. Conduct business with Shell banks (i.e. banks with no physical presence in any jurisdiction)?	☐ Yes ☐ No
3	Does your institution have written policies and internal procedures and controls reasonably designed to prevent and detect money laundering/terrorist financing activities?	☐ Yes ☐ No
4	Does your institution's AML policies and program have clearly defined roles, responsibilities and accountabilities as they relate to anti-money laundering compliance?	☐ Yes ☐ No
5	Does your institution have an Anti-Money Laundering Officer or equivalent responsible for coordinating/monitoring compliance with AML requirement? If 'Yes', please provide the details mentioned below:	☐ Yes ☐ No
	Name: _____ Phone: _____	
	Title: _____ Fax: _____	
	Address: _____ Email: _____	
6	Does your institution's AML/CFT program include the following:	☐ Yes ☐ No
	a. A requirement for periodic approval of your institution's AML/CFT policy by your institution's Board or senior committee?	☐ Yes ☐ No
	b. Customer identification requirements at the inception of the relationship? If 'Yes', are these requirements in line with the Financial Action Task Force (FATF) standards?	☐ Yes ☐ No
	c. A risk-based assessment of your customer(s) and their transactions? If yes, how often the customer risk assessment program is updated?	☐ Yes ☐ No
	d. Policies and procedures for updating customer information periodically?	☐ Yes ☐ No
	e. Enhanced Know Your Customer (KYC) routines in relation to the following:	☐ Yes ☐ No
	ii. Politically Exposed Persons (PEPs)	☐ Yes ☐ No
	iii. Non face to face business relationships	☐ Yes ☐ No
	iv. Customers (other than those mentioned above) who are assessed to be high risk customers concerning the risk of money laundering and terrorist financing?	☐ Yes ☐ No
	f. Established controls to reasonably identify the origin of funds to a customer's account?	☐ Yes ☐ No
	g. Permit transaction with non-established or walk in customers? If 'Yes', does your institution have customer identification requirements for such customers, please specify _____	☐ Yes ☐ No
	h. Procedures to monitor large cash deposits and withdrawals?	☐ Yes ☐ No
	i. Providing complete information for all payments transactions, including sender and beneficiary names, addresses, account numbers and purpose?	☐ Yes ☐ No
	j. Established method for monitoring and reporting suspicious activities?	☐ Yes ☐ No
	k. Screening customer against the names appearing in relevant regulatory blacklists?	☐ Yes ☐ No
	l. Record retention requirements for documentation obtained regarding the customer? If 'Yes', how long are records retained? _____	☐ Yes ☐ No

Initial:

m. Policies prohibiting business with shell banks (i.e. banks with no physical presence in any jurisdiction)?	☐ Yes ☐ No
n. Periodic Anti-Money Laundering Training Programs to all employees? If 'Yes', how frequently is the training conducted? ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Others	☐ Yes ☐ No
o. Retention of records pertaining to training sessions including attendance records and relevant training material used?	☐ Yes ☐ No
p. Policy and procedures for independent audit or testing of the anti- money laundering compliance program? If Yes, how frequently are these audits/tests conducted? _____	☐ Yes ☐ No
q. Policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in the countries of their origin?	☐ Yes ☐ No
r. Policies prohibiting any third party to have direct access to your account with your Correspondent Banks?	☐ Yes ☐ No
s. Policies protecting employees, if they report in good faith any suspicious activities/transactions? If you answered 'No' to any of the items above, please explain the policies and procedures implemented to mitigate the potential risks associated with it:	☐ Yes ☐ No

7	Are you permitted by your local regulations to share relevant customer identification data with your correspondents should this be requested? If 'Yes', would you be willing to do so if required by us where a legitimate need has arisen?	☐ Yes ☐ No ☐ Yes ☐ No
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8	Do you gather sufficient information about the respondent institution to understand their business, reputation, quality of supervision and regulatory controls?	☐ Yes ☐ No
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9	Has your institution had any regulatory or criminal enforcement actions resulting from violations of anti-money laundering laws or regulations OR has your institution, been the subject of any investigation, indictment, conviction or civil enforcement action related to financing terrorists in the past five years? If 'Yes', please provide more details:	☐ Yes ☐ No
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Anti-Money Laundering Compliance Declaration

Will the Customer place orders with SICO on behalf its customers who do not have a separate account with SICO?

☐ Yes ☐ No

If yes, AML addendum has to be submitted.

Where 'yes' is ticked above, we further declare that our institution takes positive measures to affirmatively confirm our customer's identity, residence and legitimate sources of income of such customers in accordance with the international laws governing Anti-Money Laundering (AML) and Combating the Financing of Terrorism (CFT). We hereby agree and undertake to promptly provide the identity and any other information or assistance about such customer(s) if that is demanded by SICO's regulators or required by Applicable Market Rules.

Initial:

Client Consent

By signing up to benefit from our services (through KYC form/s, agreement/s or online registration) you have provided us with the information about your organization and personnel (with their consent) to be used for one or more of the following purposes:

Asset management services	Research
Investment banking & real estate services	Registrar services (SFS)
Brokerage services	Fund administration (SFS)
Market making services	Compliance and AML
Reporting to CBB and other market regulators where securities are traded and as per applicable regulatory requirements	

Our privacy policy will help you to understand in detail, how we collect your personal data, what we may use it for and who we may share it with; it also informs you about your privacy rights. Our privacy policy is made available at: www.sicobank.com

Your interactions with our brokers and/or staff members will be recorded for brokerage, service provisioning and quality assurance purposes.

Your privacy is important to us. As per applicable data protection laws, we would like to inform you that your data is retained by SICO for the aforementioned purposes, and protected with appropriate security controls to prevent unauthorized access and/or disclosure.

Please be advised that SICO may share your data with its associates, partners and third parties for providing you required services, storage of your data or for audit and inspection purposes. SICO has the necessary agreements to protect the privacy of your data shared with these entities.

Should you have any inquiries or complaints regarding the use of your company data or to object to direct marketing, please contact us at:

Tel: +973 17515700

Email: clients@sicobank.com

FAX: +973 17540700

☐ Please check this box if you wish to be contacted for direct marketing purposes, such as introduction of any new services or product lines.

Acknowledgement:

By signing below, I/we confirm that I/we have read and fully understood why SICO processes certain personal information relating to us and our personnel. I/We agree that SICO will retain and disclose the personal information to the parties mentioned above or to any other party in line with our contractual relationship or any prevalent regulatory or legal requirement.

Name	Company Stamp	Signature	Date

Initial:

FATCA & CRS Self-Certification Form

CR Number (For Bank use only):

Please complete and sign this form

Full Legal Name:

Country of Incorporation

Part One

	Please answer all the below with 'Yes' or 'No'	Yes	No	Requirements if the answer is 'Yes'
a	Investment Entity An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution	☐	☐	Part Two + Part Three
b	Financial Institution	☐	☐	W-8BEN-E
c	US Entity - Incorporated inside the USA - Has US indicators (US Address, US Telephone, US Mail Address, Standing instructions to Transfer Money to US Address, Power of Attorney or Signature Authority in favour of a person with US Address. - All controlling persons (owning more than 10% of its shares or ownership rights) of the entity are US persons	☐	☐	W-9 / W-8BEN
d	Active Non-Financial Entity ☐ Listed Co. ☐ Central Bank ☐ Start up NFE ☐ Government Entity ☐ International Organization ☐ Non profit Entity An active NFFE (non-financial foreign entity) is any entity that is a NFE/NFFE if 1. Less than 50 percent of its gross income for the preceding calendar year is passive income and 2. Less than 50 percent of the weighted average percentage of assets (tested quarterly) held by it are assets that produce or are held for the production of passive income (i.e. dividends, interest, annuities etc.)	☐	☐	Part Three
e	Passive Non-Financial Entity A passive NFE is a NFE that is not an Active NFE. An exception to this is an Investment Entity that is not a Participating Jurisdiction Financial Institution, which is always treated as a Passive NFE	☐	☐	W-8BEN-E Part Two + Part Three

Please circle the applicable status and corresponding action based on the result of the analysis above to confirm that appropriate documents have been

1	Financial Institution	2	Non US Person	3	Exempt NFE	4	Active NFE	5	Passive NFE (US Owned)	6	Non-US Entity (With indica)	7	Specified US Person
	Form -8BEN-E with GIIN		No action		Proof of Exemption		Active certification		Form W9 from all US owners + W8 BENE from Entity		FormW8 BENE		Form W9

Part Two

If you have ticked)a) or (e) above, then please indicate the name of any Controlling Person (s) of the Account Holder

1		4	
2		5	
3		6	

Please complete "Controlling Person tax residency self-certification form" for each Controlling Person

Initial:

Part Three

Please completing the following table indicating:

- where the Account Holder is tax resident and
- the Account Holder's TIN for each country/jurisdiction indicated.

If a TIN is unavailable please provide the appropriate reason A,B or C where indicated below:

Reason A: The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents

Reason B: The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain)

Reason C: No TIN is required.

(Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

	Country/Jurisdiction of tax residence	TIN or equivalent	If 'No' TIN available tick the			Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason Below
			A	B	C	
1			☐	☐	☐	
2			☐	☐	☐	
3			☐	☐	☐	

Declaration and Signature

☐ I have read and **agree to the terms** presented in the **Terms and Conditions agreement**.

☐ I/We hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I/we hereby consent for the bank or any of its affiliates (including branches) (collectively "the Bank") to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I/we have provided to the Bank.

Name	Signature	Date

For Bank Use Only

	Name	Signature	Date
Account Opening Staff/ Account Officer			
Supervisor/Manager			

Initial:

For SICO use only

I have verified this agreement and following attachments

- ☐ Proof of listing on any GCC or FATF member stock exchange
- ☐ Commercial Registration or Certificate of Incorporation
- ☐ Memorandum and Articles of Association
- ☐ Approved Authorized Signatories List and Specimen Signatures
- ☐ ID documents of Client's officials who would deal with SICO
- ☐ Latest Audited Financial Statement
- ☐ Any other document (Pl. specify)

Account Officer

Name & initials

 Approved By
(Brokerage Department)

Name	Title	Signature	Date

 Approved By
(Senior Management)

Name	Title	Signature	Date

 Approved By
(Compliance Department)

Name	Title	Signature	Date

 Approved By
(Operations Department)

Name	Title	Signature	Date