

## Client Identification Form

(To be filled out by the client, and if the client is a corporation, by its authorized signatory, legal representative or holder of a letter of appointment to act on behalf of the corporation)

### Part 1

#### Individual Client identification details

Client name: \_\_\_\_\_

Identification number and country of issue: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_

#### Corporate Client identification details

Corporation name: \_\_\_\_\_

Registration number: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Address: \_\_\_\_\_

Country of incorporation: \_\_\_\_\_

Controlling shareholders in the corporation<sup>1</sup>:

| Name  | Identification No. |
|-------|--------------------|
| _____ | _____              |
| _____ | _____              |

#### Know your Client

Provision of the following information is necessary for the Designated Non-Financial Business Provider to perform the requested services.

Client occupation: \_\_\_\_\_

If a business owner, please indicate the type of business: \_\_\_\_\_

Purpose of providing the business service: \_\_\_\_\_

Source of the funds used for the business service: \_\_\_\_\_

Type of business service requested of the Designated Non-Financial Service Provider ("DNFBP") by the client:

☐ **Purchase, sale or long-term lease of real-estate**

Detailed description of the activity: \_\_\_\_\_

Details of the transaction (including details of the property, property holder, property owner, property beneficiaries, and the parties to the transaction):

\_\_\_\_\_

<sup>1</sup> In the event that a controlling shareholder is a corporation, the individual shareholders in said corporation should be listed.

☐ **Purchase or sale of a business**

Detailed description of the activity: \_\_\_\_\_

Details of the transaction (including details of the business, its senior officials, and the parties to the transaction): \_\_\_\_\_

☐ **Managing client assets, including finances, securities and real-estate; managing accounts for clients of banking corporations, stock-exchange members, portfolio managers, insurance companies and agents, provident fund management companies or the Postal Bank.**

Detailed description of the activity: \_\_\_\_\_

Details of the managed assets (including their financial scope, location, other rights holders in the property, legal representatives in connection with the managed assets, and asset beneficiaries): \_\_\_\_\_

☐ **Receipt, holding or transfer of funds for the establishment or management of a corporation**

Detailed description of the activity: \_\_\_\_\_

Details of the funds (including their financial scope) and details about the corporation (corporation name, registration number, date of incorporation and country of incorporation, controlling shareholders in the corporation<sup>1</sup>, purpose of corporate activity, and expected scope of financial activity): \_\_\_\_\_

☐ **Establishment or management of a corporation or business for another, or establishment or management of a trust**

Detailed description of the activity: \_\_\_\_\_

[In a corporation: corporation name, registration number, date of incorporation and country of incorporation, controlling shareholders in the corporation<sup>1</sup>, purpose of the corporation and the expected scope of financial activity.

In a business: business name, registration number (if issued), senior officials in the business, purpose of the business and expected scope of financial activity.

In a trust: trust name, place of establishment, purpose of the trust, type of trust, location of trust assets, scope of trust's financial activity, trustees, creator of the trust, protector (the entity giving instructions) and trust beneficiaries.]

**Is the business service requested on behalf of a third party?**

☐ Yes

☐ No

If yes, provide identification details of the entity for whom the business service is provided:

**For an individual:**

Name \_\_\_\_\_, ID. No./Passport No. \_\_\_\_\_, Country of issue \_\_\_\_\_, Date of birth \_\_\_\_\_, Address \_\_\_\_\_, Sex \_\_\_\_\_.

**For a corporation:**

Name \_\_\_\_\_, Registration number \_\_\_\_\_, Date and country of incorporation \_\_\_\_\_, Controlling shareholders in the corporation<sup>1</sup> \_\_\_\_\_, Fields of corporate activity \_\_\_\_\_.

**If the identity of the beneficiary is not known:** I declare that the identity of the beneficiary is not known at this time and I undertake to provide all details of the beneficiary as specified above as soon as they become known.

Signature: \_\_\_\_\_

### **Inquiry regarding a Politically Exposed Person**

(1) What is your connection to Israel? \_\_\_\_\_

(2) Are you a foreign resident?

☐ Yes

☐ No

If yes, do you hold a senior public office abroad as specified hereunder (including a listed position bearing a different title)? (Please check):

☐ I do not hold a senior office abroad

☐ Head of State

☐ President of State

☐ Mayor

☐ Judge

☐ Member of Parliament

☐ Member of government

☐ Senior military officer

☐ Senior police officer

☐ Another senior public office \_\_\_\_\_ (please specify)

(3) Do you have a family member (partner, sibling, parent, grandparent, child or child of partner, or partner of any of the above) who holds senior public office abroad?

☐ Yes

☐ No

If yes, please specify their position as it is listed in Section 2 above:

\_\_\_\_\_

(4) Are you acting on behalf of a corporation?

☐ Yes

☐ No

If yes, does one of the controlling shareholders in the corporation hold a senior public office abroad (including a listed position bearing a different title)?

☐ Yes

☐ No

If yes, please specify their position as it is listed in Section 2 above:

\_\_\_\_\_

(5) Are you a business partner of a foreign resident?

☐ Yes

☐ No

If yes, does the business partner hold a senior public office abroad (including a listed position bearing a different title)?

☐ Yes

☐ No

If yes, please indicate their position as it is listed in Section 2 above:

\_\_\_\_\_.

### **Declaration of the client filling out the form**

I hereby declare that the details specified above were filled out by me and that they are true and accurate to the best of my knowledge. I undertake to notify about any change to said details, should such occur, at the earliest opportunity. If the information specified above is found to be false or misleading, I am aware that I may be held liable in respect whereof.

I agree and I am aware that the attorney/auditor shall keep a copy of this form for the periods specified in Section 8 of the Order.

Date \_\_\_\_\_

Client signature \_\_\_\_\_

## **Part 2**

### **Confirmation of performance of identification**

For face-to-face identification (Section 6):

I certify that on \_\_\_\_\_ a client by the name of \_\_\_\_\_ who identified himself before me with an identification document bearing the number \_\_\_\_\_, a copy of which is hereby enclosed, appeared before me and signed this form in my presence.

Name of the person performing the identification: \_\_\_\_\_

Identification number: \_\_\_\_\_

Signature: \_\_\_\_\_

For non-face-to-face identification (Section 7):

I certify that on \_\_\_\_\_ I identified the client named \_\_\_\_\_, who is signed on this form and who identified himself with \_\_\_\_\_ bearing the number \_\_\_\_\_, a copy of which is hereby enclosed.

Name of the person performing the identification: \_\_\_\_\_

Identification number: \_\_\_\_\_

Signature: \_\_\_\_\_

**DNFBP confirmation regarding examination of client  
identification information**

(To be filled out by the DNFBP)

I certify that on \_\_\_\_\_ I examined the details that were provided in accordance with the form appearing in the First Schedule, and I acted in accordance with the instructions of Section 2(c) of the Order.

Name: \_\_\_\_\_

Identification number: \_\_\_\_\_

Signature: \_\_\_\_\_