

All information in this form should be filled

Date: / /

Account No:

Basic Information

Full Name in English:

Registration Number: Date of Registration: / /

Registration By: Country or Registration:

Date of Establishment: / / Country of Origin:

Head office country of domicile:

Tax Identification Number: Company Activity:

Legal Form: Paid in Capital:

Commercial Name in English:

Is the company / fund listed in any Securities Exchange: Yes No

Name of the Securities Exchange:

Residency Detail: (Residency indicator):

• Local Company.

• Foreign Operating Co.

• Foreign Non-Operating Co.

Country of Residence:

Country of Residence:

Beneficial Owner:

Are the stock holders the beneficial owner??

Reasons for dealing with Imcan Financial Services Co:

Expected Portfolio size in JOD:

Client's No.at the jordanian securities Depository centre (If available):.....

More Details about the customer Business Activity

Expected deposit transactions nature:

Cheques Transfers

Expected Countries to receive transfers from:

Expected Countries to send transfers to:

Relationship between the sender & beneficiary:

Authorized Signatories

Business Address

Country: City:
 Area: Street: Building No:
 Nearest Landmark:
 P.O.Box: Postal/Zip Code:
 Telephone No.: Fax No.:
 E-mail: Website:

Parent Company Information

Parent Co. Name in English:
 Parent Co. Registration ID:
 Parent Co. Residence Country: City:
 Area: Street: Building No:
 P.O.Box: Postal/Zip Code:
 Telephone No.: Fax No.:
 E-mail: Website:

Sister Companies / Subsidiaries / Affiliates

Company's Name	Activity	Relationship	Share Percent

Dealing with Banks and other Financial Services Companies

Bank Name	Bank Account No	Branch

Financial Service Company Name	Account No	Account Type

Authorized Signatories

Authorized Signatories			
Full Name in English:			
Nationality	National ID / Passport No.	Date of Birth	Position
Permanent Address			
Country:		City:	
Area:		Street:	Building No:
P.O.Box:		Postal/Zip Code:	
Telephone No.:		Fax No.:	
E-mail:			

Authorized Signatories			
Full Name in English:			
Nationality	National ID / Passport No.	Date of Birth	Position
Permanent Address			
Country:		City:	
Area:		Street:	Building No:
P.O.Box:		Postal/Zip Code:	
Telephone No.:		Fax No.:	
E-mail:			

Authorized Signatories			
Full Name in English:			
Nationality	National ID / Passport No.	Date of Birth	Position
Permanent Address			
Country:		City:	
Area:		Street:	Building No:
P.O.Box:		Postal/Zip Code:	
Telephone No.:		Fax No.:	
E-mail:			

Authorized Signatories

Directors Information

Directors Names (4 Parts) in English	Industry / Sector Type	Address

Major Shareholders / Partners

Please record only the names (in English) of partners / shareholders who own 10 % or more of the outstanding capital:

Shareholders / Partners Name (4 Parts) in English	Nationality	Address

We the undersigned confirm to have read and understood the terms and conditions of the trading agreement concluded between Imcan Financial Services and ourselves and do hereby agree to bound by such terms and conditions. We represent that the forgoing information is true, correct and complete and we undertake to notify Imcan Financial Services promptly of any materials changes therein.

We consent to the company to verify such information with banks and financial services companies and agree to disclose it to third parties for verification purposes.

Client's Name:

Name of Authorized Signatories:

Signature of Authorized Signatories:

For Customer Service Department use only

Signature Authentication

Employee Name:

Signature:

Date: / /

Customer Service Manager Approval :

Compliance officer Approval:.....

General Manager Approval: