

# KNOW YOUR CUSTOMER (KYC) UPDATE FORM



## Customer Name:

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Customer Number :

Branch: \_\_\_\_\_

Customer Type:  Single  Joint (please complete a separate KYC form for each name)

Nationality:  Omani  Non-Omani ..... (Please specify)

Date of Birth:          
DD MM YYYY

Gender:  Male  Female

## CURRENT ADDRESS DETAILS:

Mailing Address: P.O. Box \_\_\_\_\_

Postal Code \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

Residential Address: House / Flat No. \_\_\_\_\_

Building Number \_\_\_\_\_

Way Number \_\_\_\_\_

Area / Wilayat \_\_\_\_\_

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

(For Non-Omanis only) \_\_\_\_\_

## CONTACT DETAILS:

Home Telephone Number: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Office Telephone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

## EMPLOYMENT DETAILS:

### Type of Employment:

Private Name of Company \_\_\_\_\_  
 Government Name of Organization \_\_\_\_\_  
 Own Business Name of Business \_\_\_\_\_  
 Other Please Specify \_\_\_\_\_

## INCOME DETAILS:

Salary income pm: RO \_\_\_\_\_

Other income pm: RO \_\_\_\_\_

Source of other income: \_\_\_\_\_

## FOR OMANI CITIZENS ONLY:

Identity Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

## FOR NON-OMANIS ONLY:

Residence Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

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I / We confirm that the above information is correct and valid, and undertake to advise National Bank of Oman immediately of any changes in the above information.

Customer signature : \_\_\_\_\_

Date: \_\_\_\_\_

### FOR OFFICIAL USE ONLY:

Copy of the valid identification is attached

Met customer and original identification seen

Staff Name \_\_\_\_\_ Staff Number \_\_\_\_\_

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

Data was entered into the system by

Staff Name \_\_\_\_\_ Staff Number \_\_\_\_\_

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

Data entered into the system was verified against the original KYC form by

Staff Name \_\_\_\_\_ Staff Number \_\_\_\_\_

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