



CUSTOMER INFORMATION PROFILE

In accordance with Articles two (2) through five (5) of the Due Diligence Convention and the Federal Banking Commission Circular of December 1998, on Anti-Money Laundering and Article 305 of the Swiss Criminal.

Code and The Government of Kingdom of Bahrain special Administrative Region or the Support and Consultation centre for SMEs, Trade and Industry Department.

Please accept this form and any attachments as authorization for Fennell financial services and Investment Group to undertake any necessary due diligence on the following information that may be supplied to banks and /or other Financial.

Institutions for the purpose of verification of identity and activities of principal, and the nature and origin of the funds that are to be utilized.

All parties have an obligation for professional discretion and to take all appropriate precautions and to protect the confidentiality of the information each holds in respect of the others' activities. This legal obligation shall remain in full force and effect at all times.

Applicant Details:

Applicant Name:

Nationality:

Passport Number:

Date of Issue :

Date of Expiration:

Date of Birth:

Place of Birth:

Tax Identity Number/SSN:

Contact Address:



Fennell Financial Services & Investment Group

ArCapita Building, 4th floor, Bldg.
No. 551, Road 4612, Bahrain Bay, Manama, Bahrain

info@fennell-gulf.ae
fennellfinancialgroup@gmail.com

+97 365 009 660

Telephone No:

Mobile Telephone:

No M Facsimile Number:.....

Email Address:

Occupation:.....

Business Name:

Business Address:

Business Telephone:

Business Registration No:

Applicant Mailing Address:

Address For Courier:

Legal Counsel:

Name:.....

Address:

Telephone No:

Cell Phone No.....

Finance/project Information:

Project Title/Name:.....



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Finance Value:

Payback Time/Duration:

Project Owner:

Project Location:

Purpose of Project:

Applicant Bank Details:

Bank Name:

Bank Address:

Account Name:

Account Number:

SWIFT Code:

Bank Website:

Account Signatory Name:

Bank Officer Name:

Bank Officer Email:

Bank Officer Phone No:

Bank Officer Facsimile No:

Routing:



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Affirmation:

I hereby swear, under penalty of perjury, that the information provided herein and in any other attached documentation

is both true and accurate and I further confirm that any funds to be engaged in this transaction contemplated are derived

from non- criminal origin; and, are good, clean and cleared. The origin of all funds are in are in full compliance with the

Anti-money laundering policies set forth by the Financial Action Task Force

(FATF) 6/01. Sincerely

For: _____

Company Seal:

Signatory:

Name:

Title:

Passport no:

Country of issue: