



Brokerage Account Opening Application

Institutional Clients

CIF:

Name:



Brokerage Account Opening Application For Institutional Clients

Account Opening Agreement

In dealing with SICO, the Client will be legally bound by this Agreement. This Agreement will supersede any prior agreement under which the Client might have been doing brokerage business with SICO in the past.

1. This Account Opening Agreement should be executed in duplicate. After both parties have signed the Agreement, "SICO BSC(c)" will retain one copy and return the other to the Client.
2. The following documents are required to open the account for the Client:
 - i. Commercial Registration or Certificate of Incorporation.*
 - ii. Board resolution to operate/open an account with SICO.
 - iii. List of Board of Directors.
 - iv. ID documents of Board of Directors.
 - v. Memorandum and Articles of Association (or equivalent legal document of incorporation).*
 - vi. Approved List of Authorized Persons and Specimen Signatures of legal representatives.
 - vii. ID documents of Client's Authorized Signatories who will be signing this Agreement and operating the Account.*
 - viii. Latest Audited Financial Statement.
 - ix. Account Opening Application Form, duly completed, and each page signed by initials.
 - x. In case the Client is a Fund, Fund Prospectus is required along with "i" to "vi" above for the fund Company/Promoter.
 - xi. It is mandatory for all Clients to complete and submit the FATCA analysis form, "Annexure 1" of this agreement.
 - xii. Account opening fees of BD 15.000 (VAT rate of 5% applies on Bahrain residence).

Additional documents are required for non-resident account:

- a. References provided by a regulated bank from a FATF country.
- b. Certified copies of bank statements for a recent 3-month period.

Kindly note that additional information or documents may be requested based on the scrutiny of the above information and the enclosed agreements.

The documents listed in Section 2 above are to be provided for each shareholder holding 20% or more of the issued capital of the Client, until more than 80% of the issued capital of the Client is accounted for. ID documents of all such shareholders must be attached along with this application form. If the Client is majority owned by an institution that is listed on any GCC or FATF recognized stock exchange, please provide proof of this.

*Where the originals have not been produced for verification by SICO officials, copies of (i, ii and iv above) must be attested by any one of the following from a GCC or FATF member state (self-attestation by the entity itself is not permitted):

- | | |
|----------------------------------|---|
| a. certified Lawyer | b. a government ministry |
| c. government notary | d. an official of an embassy or consulate |
| e. licensed Chartered Accountant | f. a licensed financial institution |

Please note that: Submission of incomplete documentation could result in delaying processing and / or rejection of the application.

Initial:

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:	<input type="checkbox"/> Telephone	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail
External Settlement Agent or Custodian: (if applicable)	Name		
	Address		

Initial:

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

Equities Account	<input type="checkbox"/> Regional Equities (e.g. stocks on the Bahrain Bourse. Select markets below)
	<input type="checkbox"/> BHB <input type="checkbox"/> TADAWUL <input type="checkbox"/> DFM
	<input type="checkbox"/> ADX <input type="checkbox"/> NASDAQ <input type="checkbox"/> QE
	<input type="checkbox"/> KSE <input type="checkbox"/> MSM <input type="checkbox"/> CASE
	<input type="checkbox"/> ASE Portfolio Currency: Bahraini Dinar
	<input type="checkbox"/> Global Equities (can only be traded via SICO LIVE Global account) Currently unavailable
Fixed Income Account	<input type="checkbox"/> Domestic Bonds and Sukuk (e.g. Bahrain T-Bills, Bahrain Development Bonds, etc.) Portfolio Currency: Bahraini Dinar
	<input type="checkbox"/> International Bonds and Sukuk (e.g. US dollar denominated Bahrain sovereign bonds) Portfolio Currency: US Dollar

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	<input type="checkbox"/>	<input type="checkbox"/>
		DFM	<input type="checkbox"/>	<input type="checkbox"/>
		NASDAQ	<input type="checkbox"/>	<input type="checkbox"/>
	Qatar	QE	<input type="checkbox"/>	<input type="checkbox"/>
	Saudi Arabia	Tadawul	<input type="checkbox"/>	<input type="checkbox"/>
	Kuwait	KSE	<input type="checkbox"/>	<input type="checkbox"/>
Oman	MSM	<input type="checkbox"/>	<input type="checkbox"/>	
MENA	Egypt	CASE	<input type="checkbox"/>	<input type="checkbox"/>
	Jordan	ASE	<input type="checkbox"/>	<input type="checkbox"/>

- “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.
- “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.
- “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.
- “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.

Name	ID Number	Signature	Date

For Bank Use Only

Name	Signature	Date
Account Opening Staff		

Initial:

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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Do the laws and regulations in your country prohibit your institution from: a. Open/maintain anonymous or numbered accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	b. Conduct business with Shell banks (i.e. banks with no physical presence in any jurisdiction)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Does your institution have written policies and internal procedures and controls reasonably designed to prevent and detect money laundering/terrorist financing activities?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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: Name: _____ Phone: _____ Title: _____ Fax: _____ Address: _____ Email: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Does your institution's AML/CFT program include the following: a. A requirement for periodic approval of your institution's AML/CFT policy by your institution's Board or senior committee?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	c. A risk-based assessment of your customer(s) and their transactions? If yes, how often the customer risk assessment program is updated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	d. Policies and procedures for updating customer information periodically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	e. Enhanced Know Your Customer (KYC) routines in relation to the following: ii. Politically Exposed Persons (PEPs)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	iii. Non face to face business relationships	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	f. Established controls to reasonably identify the origin of funds to a customer's account?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	h. Procedures to monitor large cash deposits and withdrawals?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	i. Providing complete information for all payments transactions, including sender and beneficiary names, addresses, account numbers and purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	j. Established method for monitoring and reporting suspicious activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	k. Screening customer against the names appearing in relevant regulatory blacklists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	l. Record retention requirements for documentation obtained regarding the customer? If 'Yes', how long are records retained? _____	<input type="checkbox"/> Yes <input type="checkbox"/> 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? Yes No
If 'Yes', would you be willing to do so if required by us where a legitimate need has arisen? Yes No
-
- 8 Do you gather sufficient information about the respondent institution to understand their business, reputation, quality of supervision and regulatory controls? Yes No
-
- 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

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	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	<input type="checkbox"/>	<input type="checkbox"/>	Part Two + Part Three
b	Financial Institution	<input type="checkbox"/>	<input type="checkbox"/>	W-8BEN-E
c	US Entity <ul style="list-style-type: none"> 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 	<input type="checkbox"/>	<input type="checkbox"/>	W-9 / W-8BEN
d	Active Non-Financial Entity <input type="checkbox"/> Listed Co. <input type="checkbox"/> Central Bank <input type="checkbox"/> Start up NFE <input type="checkbox"/> Government Entity <input type="checkbox"/> International Organization <input type="checkbox"/> 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.)	<input type="checkbox"/>	<input type="checkbox"/>	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 Instruction, which is always treated as a Passive NFE	<input type="checkbox"/>	<input type="checkbox"/>	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 equalent 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