STANDARD DECLARATION

Date:

To

The National Bank of Ras Al Khaimah (P.S.C) ("RAKBANK")
P. O. Box 1531,
Dubai
United Arab Emirates.

Dear Sir,

Customer Name:
Account number:

I/We, hereby agree, acknowledge, understand, declare and confirm that:

(a) RAKBANK is required to act in accordance with laws and regulations of the United Arab Emirates as well as laws and regulations of other states/countries in whose currencies it transacts including regulations issued by the United Nations, United States and Council of European Union. This includes any boycotts, embargoes or sanctions which may be enforced against countries, states, entities or individuals from time to time;

(b) Any transaction not in compliance with the applicable boycott, anti-money laundering, anti-terrorism, anti-drug trafficking and economic sanctions laws and regulations is not acceptable to RAKBANK and RAKBANK does not accept payment involving any sanctioned countries and will not conduct any business which is contrary to RAKBANK’s policy;

(c) I/we do not and will not have any dealings or transactions with any sanctioned countries such as Sudan, Iran, Syria, Cuba, North Korea, Crimea and any other sanctioned countries as updated from time to time by the relevant authorities;

(d) Transhipments through/via any sanctioned countries are also prohibited and I/we undertake to ensure that such transhipments are not used by me/us in any way;

(e) In the event any party, entity, individual involved or part of any transaction with me/us is in breach or subsequently breaches any applicable boycott, anti-money laundering, anti-terrorism or anti-drug trafficking laws and regulations then in force of the United Arab Emirates, the United Nations, the United States and/or the Council of the European Union and/or is, or becomes subject to any sanctions then created and maintained by any competent authority of the United Arab Emirates, the United States Department of the Treasury’s Office of Foreign Assets Control, the Security Council of the United Nations (by way of resolution) and/or the Council of the European Union, RAKBANK shall have no obligation to process and complete the transaction and shall be entitled to delay, freeze, refuse or cancel the payment obligation accordingly; and

(f) Any non-conformity or breach of the above will result in immediate closure of my/our accounts with RAKBANK.

I/We hereby undertake to hold RAKBANK harmless and indemnify RAKBANK against any loss, cost, damages, expenses, liability or proceedings which RAKBANK may incur or suffer as a result of RAKBANK acting upon or delaying to act upon or refraining from acting upon any transaction based on my/our declarations hereinabove.

I/We agree that RAKBANK has the right to request for additional information and/or documentation from me/us and may also require me/us to provide proof of the source of any funds transfer or the underlying transaction and delay the processing of any transaction until I/we provide such proof to RAKBANK. RAKBANK will not be held liable or responsible for any delay or loss arising as a result of these enquiries.

Thanking you,

____________________________________
Authorised Signatory (name, sign with Date)
DNFBP - AML/CTF Compliance Undertaking and Checklist

I/We undertake that our business **CONDUCTS** [ ] / **DOES NOT CONDUCT** [ ] (tick as applicable)

Dealing in precious metals/precious stones/real estate or any commercial and/or financial transactions/operations, on behalf of/for benefit of, our existing and/or potential clients, business/trade/ professional counterparts, and/or their beneficial owners. I/We understand and undertake, that such transactions may include, but are not limited to, engaging in buying/selling/accepting/holding any goods/real estate/accounts/securities or cash on behalf of other companies or individuals, or representing them under agency/attorney/nominee/trust arrangements in services or dealings whatsoever, existing or in future.

Authorised Signatory (name, sign with Date)

Please **complete the below checklist** with a **YES or NO** and clarify the reason where response is a **NO**.

Do you have **effective policies and procedures** in place to comply with Federal Decree by Law No. (20) of 2018 On Anti-Money Laundering, Combating the Financing of Terrorism and Financing of Illegal Organizations such as below.

- **To identify, assess, understand risks** (AML-CFT Law 16.1(a), AML-CFT Decision 4.1) **YES** [ ] **NO** [ ]
- **To define the scope of and take necessary due diligence measures** (AML-CFT Law 16.1(b), AML-CFT Decision 4.1(a) and 2) **YES** [ ] **NO** [ ]
- Do you have a designated An AML/CFT compliance officer, approved by the relevant Supervisory Authority (AML-CFT Decision 21, 44.12) **YES** [ ] **NO** [ ]

If Yes, Please provide:
- Name: ____________________  Identity (Passport/EID): ____________________
- Identity Document Number: ____________________  Valid Till: ____________________

- To put in place adequate management & information systems, internal controls, policies, procedures to mitigate risks and monitor implementation (AML-CFT Law 16.1(d), AML-CFT Decision 4.2(a)). **YES** [ ] **NO** [ ]
- To put in place indicators to identify suspicious transactions (AML-CFT Law 15, AMCFT Decision 16) **YES** [ ] **NO** [ ]
- To report suspicious activity and cooperate with Competent Authorities (AML-CFT Law 9.1, 15, 30, AML-CFT Decision 13.2, 17.1, 20.2) **YES** [ ] **NO** [ ]
- To promptly apply directives of Competent Authorities for implementing UN Security Council decisions under Chapter 7 of the UN Convention for the Prohibition and Suppression of the FT and Proliferation (AML-CFT Law 16.1(e), AML-CFT Decision 60) **YES** [ ] **NO** [ ]
- To maintain adequate records (AML-CFT Law 16.1(f), AML-CFT Decision 7.2, 24) **YES** [ ] **NO** [ ]

*If any of the response is No please clarify the reasons:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Authorised Signatory (name, sign with Date)