




Enhanced Due Diligence Form - Corporate

Entity information		
	Existing value	Changed value
ID	1822329	
Entity full name	L.L.C AL SAYAB REAL ESTATE	
Previous name of entity (if any)		
Country of headquarters	United Arab Emirates	
Incorporation Country	United Arab Emirates	
Country of operations 1	United Arab Emirates	
Country of operations 2		
Country of operations 3		
Nature of Business	Real Estate	
Entity Type	L. Liab. Co.	
Contact details		
Address 1	ALI SAEED ABDULLA BILHAB ALAMERI	
Address 2	AL THANYAH FIRST	
Address 3	OFFICE NO 902 PLOT NO 103-0	
Country	United Arab Emirates	
Emirates	DXB	
City	Dubai	
Area	AL THANYAH FIRST	
Postal Code	231288	
Office landline	971555577142	
Mobile Number	971555577142	
Email Address	e5577142@gmail.com	
Customer signature		



Identification details 1

ID Type	Trade Licence	
ID Number	1129989	
Incorporation date	12/30/2022	
Date of Expiry	12/29/2025	
Residency status	<input checked="" type="radio"/> Resident <input type="radio"/> Non-Resident	

Details of Shareholders

Shareholder type	IND-Shareholder	
Name	IMAD HAMMAD HUSSEIN	
Shareholding %	100	
Nationality/Country of Incorporation	Iraq	
Other Nationality		
Country of Residence	United Arab Emirates	
Date of birth	1/1/1970	
Passport number	A22472416	
Date of expiry	12/7/2031	
EID number	784197095972614	
Date of expiry	4/30/2025	

Details of Directors and Senior Management 1

Name	IMAD HAMMAD HUSSEIN	
Director/Senior Management	Director	
Nationality	Iraq	
Other Nationality		
Country of residence	United Arab Emirates	
Date of Birth	1/1/1970	
No. of Years with Establishment	1	



Details of authorized signatories and POA holders

Name	IMAD HAMMAD HUSSEIN	
Director/Shareholder	Shareholder	
Nationality	Iraq	
Other Nationality		
Country of residence	United Arab Emirates	
Date of birth	1/1/1970	
Passport number	A22472416	
Date of expiry	12/7/2031	
EID number	784197095972614	
Date of expiry	4/30/2025	



Anticipated Monthly Transaction Activity

Cash Transaction	Incoming Transactions Total transaction amounts (in AED)	26708	
	Incoming Transactions Total number of transaction	5	
	Outgoing Transactions Total transaction amounts (in AED)	1000	
	Outgoing Transactions Total number of transaction	3	
Cross Border Transfers	Incoming Transactions Total transaction amounts (in AED)	1	
	Incoming Transactions Total number of transaction	1	
	Outgoing Transactions Total transaction amounts (in AED)	1	
	Outgoing Transactions Total number of transaction	1	
Trade Finance	Incoming Transactions Total transaction amounts (in AED)	1	
	Incoming Transactions Total number of transaction	1	
	Outgoing Transactions Total transaction amounts (in AED)	1	
	Outgoing Transactions Total number of transaction	1	
Other Transactions	Incoming Transactions Total transaction amounts (in AED)	20000	
	Incoming Transactions Total number of transaction	10	
	Outgoing Transactions Total transaction amounts (in AED)	45985	
	Outgoing Transactions Total number of transaction	9	

Major suppliers, agencies and projects (TOP 10) 1

Name	NO MAJOR SUPPLIER
Country	United Arab Emirates



Account Details

Involved in Hawala Trading	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Central Bank Register Number		
Annual turnover	>500,000 up to <= 750,000	
Total assets	<=20,000	

FATCA/CRS

FATCA Particulars

FATCA Particulars

(a) FATCA Entity Status:

US Entity

Financial US Entity	<input type="checkbox"/>	<input type="checkbox"/>
Non-Financial US Entity	<input type="checkbox"/>	<input type="checkbox"/>

If yes, Please complete Form W9

TIN/EIN

Non US Entity

i- Foreign Financial Institution:

Participating Foreign Financial Institution (PFFI)	<input type="checkbox"/>	<input type="checkbox"/>
Non-Participating Foreign Financial Institution (NPFFI)	<input type="checkbox"/>	<input type="checkbox"/>
Partner Country	<input type="checkbox"/>	<input type="checkbox"/>
Exempt/Excepted	<input type="checkbox"/>	<input type="checkbox"/>

ii- Non-Financial Foreign Entity:

Active NFFE	<input type="checkbox"/>	<input type="checkbox"/>
Excepted NFFE	<input type="checkbox"/>	<input type="checkbox"/>
Passive NFFE	<input type="checkbox"/>	<input type="checkbox"/>

(b) Is the Entity owned by US Person? Yes No

If yes, please complete Form W8BENE

FATCA Form signed Date:

<p>In case the status in (a) (ii) is passive NFFE and (b) answered yes, please fill the below information for Substantial Shareholders 10% or more</p>	Last Name	
	First Name	
	Date of Birth	
	Residence Address:	
	Address	
	City	
	Country	
	US TIN	



In case the status in (a) (ii) is passive NFFE and (b) answered yes, please fill the below information for Substantial Shareholders 10% or more	Last Name
	First Name
	Date of Birth
	Residence Address:
	Address
	City
	Country
	US TIN

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	Address
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Declaration

I/we hereby declare and confirm that all documents & information submitted to ADIB are correct, accurate, complete and up to date. In the event of expiry or invalidity of any of the submitted documents and/or information it shall be my/our sole responsibility to promptly provide ADIB with the latest versions of the submitted documents and information. I/We acknowledge and understand that ADIB its employees or its contractors shall bear no responsibility or liability for any consequences whatsoever that may result from my/our failure to provide ADIB with the latest versions of the submitted documents or any liability of whatsoever that may result in anyway from ADIB, its employees or its contractors reliance on the information provided by me/us in this form and I assume liability for all such consequences I/we undertake to inform ADIB in writing with any changes of information immediately. I/We hereby authorize ADIB to exchange, disclose, share or part with all the information/data provided herein including personal and business information with domestic and overseas regulators/tax authorities/ financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate ADIB to comply with its obligations under various applicable laws, regulations, and standards. I/ We shall not hold ADIB or any of its affiliates or its agents/representatives liable for using/sharing information provided herein for the said purpose.


Customer's authorized signatory 1

Full Name			
<table border="1"><tr><td>Date of Signature</td><td></td></tr></table>	Date of Signature		
Date of Signature			
Signature I, hereby, declare that this signature is my authorized signature			


Customer's authorized signatory 2

Full Name			
<table border="1"><tr><td>Date of Signature</td><td></td></tr></table>	Date of Signature		
Date of Signature			
Signature I, hereby, declare that this signature is my authorized signature			

Customer's authorized signatory 3

Full Name			
<table border="1"><tr><td>Date of Signature</td><td></td></tr></table>	Date of Signature		
Date of Signature			
Signature I, hereby, declare that this signature is my authorized signature			

Customer's authorized signatory 4

Full Name			
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Date of Signature			
Signature I, hereby, declare that this signature is my authorized signature			


Company Stamp


Bank Use only



Bank Security

Sourced By **Approved By**

Staff Name & ID	
Signature	
Date	

Staff Name & ID	
Signature	
Date	

Details of Shareholders **Details of Shareholders**

Shareholder Type
Name
Shareholding %
Nationality/Country of Incorporation
Other Nationality
Country of Residence
Date of birth
Passport number
Date of expiry
EID number
Date of expiry

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Name
Shareholding %
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Details of Shareholders **Details of Shareholders**

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Name	Name
Shareholding %	Shareholding %
Nationality/Country of Incorporation	Nationality/Country of Incorporation
Other Nationality	Other Nationality
Country of Residence	Country of Residence
Date of birth	Date of birth
Passport number	Passport number
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Country of Residence	Country of Residence
Date of birth	Date of birth
Passport number	Passport number
Date of expiry	Date of expiry
EID number	EID number
Date of expiry	Date of expiry




Details of Directors and Senior Management		Details of Directors and Senior Management	
Name		Name	
Director/Senior Management		Director/Senior Management	
Nationality		Nationality	
Other Nationality		Other Nationality	
Country of residence		Country of residence	
Date of Birth		Date of Birth	
No. of Years with Establishment		No. of Years with Establishment	
Details of Directors and Senior Management		Details of Directors and Senior Management	
Name		Name	
Director/Senior Management		Director/Senior Management	
Nationality		Nationality	
Other Nationality		Other Nationality	
Country of residence		Country of residence	
Date of Birth		Date of Birth	
No. of Years with Establishment		No. of Years with Establishment	
Major suppliers, agencies and projects		Major suppliers, agencies and projects	
Name		Name	
Country		Country	
Major suppliers, agencies and projects		Major suppliers, agencies and projects	
Name		Name	
Country		Country	
Major suppliers, agencies and projects		Major suppliers, agencies and projects	
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Country		Country	




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Full Name			
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Company Stamp	
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