

## KYC Form or Entities

### 1. General Information

#### 1.1 General Entity Information

|                                                                              |  |
|------------------------------------------------------------------------------|--|
| Name of the institution                                                      |  |
| Country of incorporation or registration                                     |  |
| Type of legal entity                                                         |  |
| Address of Head Office                                                       |  |
| Website addresses                                                            |  |
| Registration/License Number                                                  |  |
| License issue date                                                           |  |
| License expiration date                                                      |  |
| Main activities                                                              |  |
| Approximate annual income of the entity:                                     |  |
| Source of capital                                                            |  |
| Method of payment (as cash, cheque, wire transfer, card, foreign remittance) |  |
| Telephone                                                                    |  |
| Fax                                                                          |  |
| Email Address                                                                |  |

#### 1.2 Ownership Structure

1.2.1 Name of persons or any legal entity who owns or controls more than 25% of the shares of your institution.

1.2.2 Is your institution publicly traded? Yes ☐ No ☐ NA ☐

If your answer is "Yes," please list Exchange & Symbol of your institution.

### 2. Anti-Money Laundering & Financing Terrorism Controls (AML/CFT)

I hereby confirm that the statements given above are true and correct. I also confirm that I am authorized to complete this document.

| I. General AML Policies, Practices and Procedures                                                                                               | YES | NO | N/A |
|-------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1. Does your AML/CFT policy meet the requirement of local laws and the FATF standards?                                                          |     |    |     |
| 2. Does your institution or any subsidiary operate in any of these jurisdictions? Myanmar, Iran and North Korea. If yes, please provide details |     |    |     |
| 3. Does your institution have any Politically Exposed Persons (PEPs), their families and close associates in the Board of Directors?            |     |    |     |

| <b>II. Know Your Customer, Due Diligence and Enhanced Due Diligence</b>                                                                                                                                                                                                                                                                                                                    | YES | NO | N/A |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|
| 1. Does your institution require the verification of identification information for all customers and counterparties (individuals or entities) at the establishment of the relationship? (such as name, nationality, address, telephone number, occupation, age/date of birth, number and type of valid official identification, as well as the name of the country/state that issued it)? |     |    |     |
| 2. Does your customer identification program require that enhanced due diligence be conducted regarding certain customers that may present a heightened level of money laundering and terrorist financing risk to your institution, or customers from high-risk money laundering and terrorist financing jurisdictions?                                                                    |     |    |     |
| 3. Does your institution have a periodic process to review and, where appropriate, update high-risk customer information?                                                                                                                                                                                                                                                                  |     |    |     |

**VII. Additional Information/documents**

Please attach the following documents' copies along with this form

- Trade License/Certificate of Registration;
- Articles of Association.
- VAT Registration certificate
- AML/CFT/KYC Policy/Guidelines;
- List of Shareholders/owners and their respective shareholding percentage with valid IDs
- List of Board of Directors with valid IDs
- List of Authorized Signatories/Legal Representatives with valid IDs
- IDs – Passport, Emirates ID and visa (If UAE resident)

Authorized Signatory Name:

\_\_\_\_\_

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

Title: \_\_\_\_\_

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

Official Seal

P.S. Please ensure that this form is fully filled, duly signed and stamped to complete the required onboarding processes.

### KYC – KNOW YOUR CUSTOMER (Individual)

Kindly complete this registration form and provide the necessary documentation to perform our KYC & customer due diligence exercise. Kindly note that we may request additional information or documentation to meet regulatory obligations. Unless consented to otherwise, when we collect due diligence and receive personal data from you, we will only process that personal data for the purposes of complying with laws, regulations and our obligations towards you.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>Client's full Name:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                       |
| Date of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Passport No:          |
| Place of Birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Passport Expiry Date: |
| Residential Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                       |
| Telephone Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | E-mail address:       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Website:              |
| <b>Source of Funds - Explain the source of funds for this transaction, the activity that generated the funds, Name of employer or business as applicable, and observations, if any:</b><br><br><input type="checkbox"/> Asset sales <input type="checkbox"/> Capital of company/dividends <input type="checkbox"/> Income from business <input type="checkbox"/> Investment income <input type="checkbox"/> Gift/Inheritance <input type="checkbox"/> Pension<br><input type="checkbox"/> Family business / support <input type="checkbox"/> Others (Please specify) |                       |
| <b>Are you a politically exposed person?</b> Yes    No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                       |
| <b>Desired payment/settlement method:</b> <input type="checkbox"/> Bank Transfer (own account) <input type="checkbox"/> Personal Cheque <input type="checkbox"/> Bank transfer (other account)<br><input type="checkbox"/> Cash<br><br>Please provide details if cheque or bank transfer is not from your own account:                                                                                                                                                                                                                                               |                       |
| <b>Documents to verify your identity- Please attach the following documents</b><br><br>1. A copy of passport 2. UAE residence visa or emirates ID (If UAE Resident) 3. Any other relevant document requested                                                                                                                                                                                                                                                                                                                                                         |                       |

#### Declaration:

I acknowledge and understand that you shall use the information provided to undertake a client due diligence to your satisfaction in compliance with the regulatory requirements. Further, I acknowledge that based on the outcome of the client due diligence, the Firm at its sole discretion reserves the right not to proceed with the client onboarding without any liabilities whatsoever. I confirm that all the information and documents provided herein are true, accurate and complete, and undertake to inform you of any changes.

Name of the Client:

Signatures:



## THIRD PARTY PAYMENT FORM

|                 |               |                          |
|-----------------|---------------|--------------------------|
| Mode of Payment | Cheque        | <input type="checkbox"/> |
|                 | Credit Card   | <input type="checkbox"/> |
|                 | Bank Transfer | <input type="checkbox"/> |

### BUYER'S INFORMATION:

|                           |                          |
|---------------------------|--------------------------|
| Buyer's First Name: ..... | Buyer's Last Name: ..... |
| Property Details: .....   | Nationality: .....       |
| Email: .....              | Contact No.: .....       |

### ACCOUNT HOLDER/CHEQUE/CREDIT/DEBIT CARD HOLDER INFORMATION:

|                                    |                                  |
|------------------------------------|----------------------------------|
| Bank Account Holder: .....         | Nationality/Registered in: ..... |
| Issuing Bank: .....                | Contact No.: .....               |
| Cheque Number: .....               | Email: .....                     |
| Cheque Date (dd-mm-yyyy): .....    | Amount in AED: .....             |
| Relationship with the buyer: ..... |                                  |

Please attach:

1. Copy of Proof of Advice
2. Copy of passport & visa or Emirates ID card (UAE Residents)

### PAYER ACKNOWLEDGMENT:

We confirmed that we the buyer personally and the buyer has requested us to process the payment for the said reservation through personal Cheque/Credit/Debit Card/Bank Transfer. We hereby declare that this payment is being made solely for and on behalf of the buyer and we shall have no rights or actions against Tomorrow World Real Estate Development L.L.C (Developer) We request Tomorrow World Real Estate Development L.L.C to accept the payment from our Cheque/Credit/Debit Card/Bank Transfer or the above reservation and acknowledge its receipt directly to the buyer's account.



**Terms and conditions:**

1. The customer assumes full liability that above information provided by them is complete, accurate, true and reliable and Developer is under no obligation to verify it.
2. It is the responsibility of the customer to ensure that sufficient funds are available in the account from which the payment is to be processed on the date the payment is due.
3. It is the customer's responsibility to ensure that the payment is correct and received by Developer on time. Developer accepts no liability whatsoever in this respect and is under no obligation to notify the customer of any outstanding, incorrect, rejected and/or declined payments, whatever the reason.
4. Developer may, its discretion, levy a charge for each payment not processed due to insufficient funds on the account.
5. If any transaction is found to be incorrect, unauthorized or fraudulent for reasons beyond the customer's control, payment may be reversed. To avoid doubt, the customer remains bound to make the remaining payment to Developer immediately.
6. Any payment not processed due to interrupted service or technological problems or errors beyond the customer's control shall not excuse him/her from his/her obligation to make the requested payment on the due date. Neither will it relieve him from his/her obligation to pay late Payments Fees. The customer shall indemnify Developer from any claim, action, damage, loss or expense incurred due to these reasons.
7. Developer has the right (without liability) to suspend, terminate, modify fees or discontinue this transaction (whether temporarily or permanently) at any time at its discretion for any reason whatsoever without the need for justification or notification, including rejecting any processed payment. In such cases the customer will be obliged to make the payment on due date to Developer, through other means acceptable to Developer.
8. Developer will (but is under no obligation to) send to the customer an electronic receipt to their email address within the five working days for payments processed as per their transaction. It is the customer's responsibility to maintain documents and receipts, evidencing payment by this method.
9. The customer agrees to fully indemnify and hold Developer, its subsidiaries, affiliates, shareholders, directors, representatives, agents and employees exempt from any claim, action, damage, loss or expense, which they may suffer or incur as a result of this transaction or a result of a breach by the customer of these Terms and conditions.
10. The customer assumes all risk inherent to payments via cheque and will not hold Developer, its subsidiaries, affiliates, shareholders, directors, representatives, agents or employees liable for any claim, action, demand, damage or loss as a result of this transaction.
11. Developer has the right to amend these Terms and conditions at any time without the need for notification to the customer.
12. These Terms and conditions are supplemental to those provided in the Sales and Purchase Agreement and its schedules, which the customer has entered with the vendor (subsidiary to Developer) in respect of the sales/purchase of the property.
13. These Terms and conditions are governed by the applicable laws in Dubai and any dispute arising thereof shall be referred to the courts of Dubai.

Payer Signature

Buyer signature