



البدر للصرافة
AL BADER
EXCHANGE

اعرف عميلك **KYC**

AML, IDENTIFICATION VERIFICATION FORM (IVF)

All the fields of this form must be filled up completely and accurately

Branch Name: _____ Date: _____

Transaction Number: _____

Please submit clean and clear copy of Valid ID of the Sender with this IVF form

Sender's full name: _____

ID Type: _____

ID Number: _____

ID Expiry Date: DD / MM / YYYY

Date of Birth: DD / MM / YYYY

Nationality: _____

Occupation: _____

Current Full Address: _____

Employer Name: _____

Source of Funds*: _____

Employer Address: _____

Average Monthly Income: _____

*** Please submit any one document (as the case may be): Latest Salary Slip, Bank Statement of last three months, Loan Documents, Wire transfer receipt if payment is made online, any other income/earning proof or statement.**

Receiver Name: _____

Receiver's Nationality: _____

Receiver Date of Birth: _____

Receiver Place of Birth: _____

Relationship with Receiver: _____

Purpose of Transaction: _____

Receiver's Tel No: _____

or Mobile No: _____

Sender's Tel No: _____

or Mobile No: _____

I do hereby confirm that all information provided above is true and correct, source of funds are legal and the remittance is not sent /receive for financing of any terrorist activity or money laundering.

Signature of Sender

I/we have examined the Photo ID of the Sender and certify that the sender information recorded above matches with the information in the ID presented to me/us.

Staff Name

In-charge Signature

Note to the In-Charge: Please email this form duly signed by the sender as well as in-charge and send it to AL BADER EXCHANGE compliance department at compliance@baderex.ae / mohd.naveed@baderex.ae