



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 Receiver with this IVF form**

Receiver's full name: \_\_\_\_\_

ID Type: \_\_\_\_\_ ID Number: \_\_\_\_\_

ID Expiry Date: DD / MM / YYYY Date of Birth: DD / MM / YYYY

Nationality: \_\_\_\_\_ Occupation: \_\_\_\_\_

Receiver's Tel No: \_\_\_\_\_ or Mobile No: \_\_\_\_\_

Current Full Address: \_\_\_\_\_

Employer Name & Address: \_\_\_\_\_

Relationship with Sender: \_\_\_\_\_ Purpose of Transaction: \_\_\_\_\_

**\* Please submit any supporting document (as the case may be): any related invoices (support Doc.) any other income/earning proof or statement, or if applicable then trading license.**

Sender Name: \_\_\_\_\_ Sender's Nationality: \_\_\_\_\_

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 Receiver

I/we have examined the Photo ID of the receiver and certify that the receiver 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](mailto:compliance@baderex.ae) / [mohd.naveed@baderex.ae](mailto:mohd.naveed@baderex.ae)