



Application For Participation & KYC Questionnaire

Buna® and its logo are registered trademarks owned by the Arab Regional Payments, Clearing and Settlement Organization ("ARPCSO").

As part of the onboarding process to Buna's Network of participants, the Applicant who wishes to become a participant to the Buna System is requested to fill in the Application for Participation and KYC questionnaire form and submit it to the System Operator for internal review process.

- SECTION 1: BUSINESS INFORMATION
- SECTION 2: POINT OF CONTACT DETAILS
- SECTION 3: FUNCTIONALITIES OF THE SYSTEM
- SECTION 4: OWNERSHIP STRUCTURE
- SECTION 5: SANCTION AND PEP QUESTIONS
- SECTION 6: CONFIRMATION AND AUTHORIZATION
- SECTION 7: DOCUMENTS CHECKLIST

SECTION 1 - BUSINESS INFORMATION

1.	Full Legal Name:			
2.	Trading Name: (If different from Registered Name)			
3.	Full Legal (Registered) Address:			
4.	Full primary address (if different from the above)			
5.	Institution Type (Please check the box whichever is applicable)	<input type="checkbox"/> Government Owned	<input type="checkbox"/> Private Owned	<input type="checkbox"/> Publicly Listed
		<input type="checkbox"/> If Others (<i>Please specify</i>) _____		
6.	Date of Incorporation/ Establishment:			
7.	Electronic Communication Details:	Phone no.		
		Fax no.		
		Email		
		Website		
8.	Registration License Details:	License no.		
		Issued by		
		Issued at		
		Expiry Date		



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9.	Financial Regulatory Details (If applicable):	License no.	
		Issued by	
		Issued at	
		Expiry Date	
10.	Name of Primary Financial Regulator / Supervisory		
11.	Provide the full legal name of the ultimate parent (if different from the entity completing this questionnaire)		
12.	Jurisdiction of licensing authority and regulator of Ultimate Parent		
13.	Please mention the business areas applicable to the institution: (i.e. Personal Banking, Corporate Banking, Remittance services... etc.)	1- _____	
		2- _____	
		3- _____	
		4- _____	
		5- _____	
14.	Geographical presence: (List it down or please append the same)		
15.	Please confirm if you have presence in any sanction countries: (If Yes, please mention the sanction country name and details of the operations)	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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	Person 1	Person 2
Name		
Title		
Department		
Mobile Number		
Office Number		
Email		

SECTION 3 – FUNCTIONALITIES OF THE SYSTEM

Please select the service/s (1) of the system you are applying to become a participant of:

- Real Time Gross Settlement (RTGS)
- Instant Payments System (IPS)

(1) The Applicant can select both.

SECTION 4 - OWNERSHIP STRUCTURE (PLEASE PROVIDE DETAILS OF COMPLETE OWNERSHIP)



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3.1. Please select type of ownership and append an ownership chart if available

1. Publicly Listed

Yes

No

*If publicly Listed, please indicate the exchange Listed on:
(i.e. London Stock Exchange, New York Stock
Exchange...etc.)*

2. Government or state owned

Yes

No

3. Privately Owned

Yes

No

If privately owned, then provide details of the shareholders or the beneficial owners below:

Name	Ownership Type	Ownership %	If the owner is an Individual, then please fill the below information accordingly.	
			Date of Birth	Nationality
	<input type="checkbox"/> Individual <input type="checkbox"/> Entity			
	<input type="checkbox"/> Individual <input type="checkbox"/> Entity			
	<input type="checkbox"/> Individual <input type="checkbox"/> Entity			
	<input type="checkbox"/> Individual <input type="checkbox"/> Entity			
	<input type="checkbox"/> Individual <input type="checkbox"/> Entity			



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4.1. Does any of the owner(s)/shareholder(s) holding any percentage of shares hail from any sanctioned country(s). (If yes, please list them below)

4.2. Please confirm whether any of the principal owners of your Institution is considered as Politically Exposed Person:
(If any of the owners is a PEP, please provide details in extra sheet)

Yes No

4.3. Please confirm whether any of the Board of Directors and Senior Management is considered as Politically Exposed Person (PEP):
(If any of the BOD or Senior Management is a PEP, please provide details in extra sheet)

Yes No

SECTION 6 - CONFIRMATION AND AUTHORIZATION

I, _____ (Authorized Signatory or equivalent), certify that the answers provided in this form/questionnaire are complete and correct to my honest belief, and that I am authorized to execute this application on behalf of _____ (Institution name)

Position:

Signature:

Date:

Address:

Bank's Stamp:



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APPENDIX 1

Request you to please provide self-attested copies of the documents that are requested for. All documents must be in Arabic, English or should be provided with a certified translation by an authorized professional agency. Certification of the translated document(s) cannot be provided by an individual of your own organization.

SECTION 7 - DOCUMENTS CHECKLIST

Type of Document Required	Status of submission (Attached/ Not Available)
Bank's License	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>
Board of Directors composition, list of members and their qualifications	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>
Shareholding Structure of the Institution	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>
Details on the Senior Management team including ID copies	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>
Bank's FCC/AML policy	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>
Wolfsberg CBDDQ Questionnaire	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>

**Please ensure all questions are answered fully and accurately. If you need any assistance completing this form, please contact Buna's Compliance officials.*

** We will reach out to you if we do require additional information during the course of the due diligence activity*

Evidence On:	Status of submission (Attached/ Not Available)
If the Applicant is an existing participant of its domestic RTGS system (or where the Central Bank of its home state does not have a domestic RTGS system, then evidence that the Applicant holds an account with the Central Bank for domestic payment purposes)	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>
The Availability of a correspondent bank relationship for each currency which the Applicant wishes to transact with in the network for funding and de-funding purposes	Attached <input type="checkbox"/> Not Available <input type="checkbox"/>