



# Entity Booklet



Branch \_\_\_\_\_ Branch Code \_\_\_\_\_

Entity Name \_\_\_\_\_

Entity Registration No. \_\_\_\_\_





لاري للصرافة  
LARI EXCHANGE

We, at Lari Exchange, over 50 years, places great importance in serving our customers and partners with best in class products and services. Our trusted financial services to the society of UAE are at par with the global service level standards of the financial institutions and the money exchange industry.

"CONSIDER IT DONE" is our motto and as part of that commitment we continuously bringing and pioneering the customer centric products and services which are highly advantage to our customers. Our association with the financial institutions and payment organizations globally enable us to process the financial transactions with the fully complaint requirements of local and international regulatory bodies. We are, therefore, the first choice by the customers as a safest gate way for the simplified financial transaction process, timeliness and strict adherence of the rules and regulations of domestic and international laws.

We are grateful to you for choosing Lari Exchange and seek your support in completion of the registration book let which is at the part of our efforts in building our business relationship, with you for a long time, which is for our mutual benefits.

Thanking you for patronizing with us.

**CHAIRMAN**

## I. Institution Details

Registration No. \_\_\_\_\_

1.	Role	<input type="checkbox"/> Correspondent Partner	<input type="checkbox"/> Corporate Customer	<input type="checkbox"/> Vendor
2.	Category	<input type="checkbox"/> Branch	<input type="checkbox"/> Company	<input type="checkbox"/> Group
3.	Parent Group Company Name			
4.	Type	<input type="checkbox"/> Bank	<input type="checkbox"/> Money Exchange	<input type="checkbox"/> Other Financial Institution
			<input type="checkbox"/> Non Financial Institution	
5.	Legal Name: (as per Trade license / Registration)			
6.	Commercial Name (if different from legal name)			
7.	Type of Establishment	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability
		<input type="checkbox"/> Private	<input type="checkbox"/> Free Zone	<input type="checkbox"/> Government
		<input type="checkbox"/> Others (specify):	<input type="checkbox"/> Public Joint Stock	<input type="checkbox"/> Semi Government
8.	Registered Address	Office No. / Floor / Building Name:		
		Street Name:		
		Area / City:	P.O. Box:	
		Country:	Emirate:	
		Telephone No.	Fax No.	
		Email ID:		
9.	Business Address	Office No. / Floor / Building Name:		
		Landmark:		
		Street Name:		
		Area / City:	P.O. Box:	
		Country:	Emirate:	
		Telephone No.	Fax No.	
		Email ID:		
10.	Website Address			

11.	Company Registration Details	Trade (or equivalent) License Number:	Expiry Date:	
		Issuing Authority:	Issue Date:	
12.	Name of Regulators	Name of Regulators:		
		Regulator License Number:	Expiry Date:	
13.	Date of Establishment			
14.	Business Activity / Nature			
15.	Tax Registration Number (TRN)			
16.	Goods / Services Provided	1.		
		2.		
		3.		
		4.		
17.	Number of Local Branches			
18.	International Branch Locations (Countries)			
19.	Bank Account Details	<input type="checkbox"/> Purpose of Account <input type="checkbox"/> Routing Type _____ <input type="checkbox"/> Both <input type="checkbox"/> Transaction <input type="checkbox"/> SWIFT CODE _____ <input type="checkbox"/> Settlement <input type="checkbox"/> Current Account <input type="checkbox"/> Routing Code _____		
		Bank Name and Address	Branch Address	Account Number
20.	Primary Contact Details	Name:		
		Designation:	Date of Birth:	
		Mobile No:	Nationality:	
		Email ID:	Phone Number:	
		Fax Number:	Preferred Language	

## II. Expected Type of Business Relationship Details

21. Type of intended business relationship and expected monthly volume with Lari Exchange		
Type of Transaction	Volume (count)	Value (in AED)
Outward Remittance		AED
Inward Remittance		AED
Currency Exchange		AED
WPS Salary Processing		AED

## III. Ownership Details

22.	Is your institution listed in any stock exchange?		<input type="checkbox"/> Yes		<input type="checkbox"/> No			
	If yes, please specify stock exchange name							
	If No, provide the list of individual shareholders holding more than 5% of shares							
	Sl. No	Name	Nationality	Date of Birth	Country of Birth	ID Type	ID Number	Share Percentage
Are there any legal entity(s) holding share percentages of more than 10% in the company?					<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Sl. No	Name	Country of Registration		% of Share			

23.	Do any of the owner(s)/shareholder(s) belong to any sanctioned or high risk Countries? (e.g.: Iran, Syria, North Korea, Sudan, Yemen etc..)	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Please Specify:

24. Does your institution have any subsidiary or holding company? if yes			
Sl. No	Name of the Company	Country	Ownership %

25. Does your institution have any Politically Exposed Person as a Board Member or Ultimate beneficial owner?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes Please Specify:

## IV. Management Details

26. Provide the list of Member of Board of Directors /Ultimate Beneficial Owners (UBO)			
Sl. No	Name	Nationality	Designation

27. Provide the list of Executive Officers / Senior Management			
Sl. No	Name	Nationality	Designation

## V. List of Authorised Signatories of An Entity

27.	Sl. No	Name	Nationality	Designation

## VI. Declaration

This is to declare and confirm you that, I am duly authorized to sign this document and information provided in this document is true and accurate to the best of my knowledge.

Signature:

Name:

Designation:

Department:

Direct Telephone No.

Mobile No.

Date:

Company Stamp:

Email Address:

## Documents Checklist

Sl. No.	Document Required	Status (Yes/No)	Reason if not provided
1	Institution Profile		
2	Central Bank/ Regulatory License (if applicable)		
2	Trade License/ Local Authority / Registration License		
3	Power of Attorney / List of Employees (MOL) (if applicable)		
3	Constitutional Document (MOA/AOA, Partnership deed)		
4	Passport copies of all Partners and Board of Directors, If any Partner/Board of Director is an expatriate, then copy of the visa page is required		
5	Passport copies of the Senior Management Executives, If any Executive is an expatriate, then copy of the visa page should be provided		
6	Emirates ID copy of Authorized representative		
7	Statement of Account – ONE MONTH		

## For Office Use

Particulars	Name	Remarks	Signature
Verified by			
Approved by			



## Letter of Service Authorization/ Amendment to Service Authorization

To  
Lari Exchange

Date:

Corporate / Agent / Correspondent / Supplier Name (as applicable):	
Trade License / Registration Number (as applicable):	MOL No. (if applicable):

I / We hereby authorize the following employee from our company (New / Add / Delete) to do the selected services (Remittance / FOREX / WPS / Card Services Bill / TAX Payments) with Lari Exchange on behalf of our company :

Sl. No	Employee Name	Emirates National ID No.	Specimen Signature
1			
2			
3			

I / We fully understand that the below requirements provided and the information furnished by us are true and correct to the best of my / our knowledge and would be liable for any loss or damages which may arise to Lari Exchange for any act based on this letter.

1. Submit this request with copy of Emirates National ID (both sides), Passport copy & Visa copy (applicable to Non-UAE Nationals) of the above authorized person/s and Power of Attorney, Emirates National ID of the authorized signatory.
2. I / We understand that the requester unless otherwise chosen for specific service/s is authorized to avail all services under the selected service type
3. This authorization request remains valid for two years, from the date signed , unless otherwise amendment of authorization request submitted by requester/s.
4. The requester is responsible to update Lari exchange for any amendment/s to the above information to avail uninterrupted Lari Services by submitting this request.
5. Lari Exchange reserves the right to accept or reject or suspend this request with or without notification.

Thanking you,  
Yours truly

Authorized Signatory	Authorized Signatory	Authorized Signatory	Company Seal
Signature:	Signature:	Signature:	
Name:	Name:	Name:	
Designation:	Designation:	Designation:	
Mobile No.	Mobile No.	Mobile No.	

## Letter of Undertaking

To  
Lari Exchange

Date:

I / We, \_\_\_\_\_ having registered business \_\_\_\_\_, approached Lari Exchange for doing a business transaction/s, such as remittances, foreign currency exchange, salary disbursement and /or any other services provided by Lari Exchange, either occasionally or regularly, undertake to fully comply with the procedures of Lari Exchange in doing such business transaction/s and confirm / acknowledge / understand / agree (as applicable) that

- Any change in information or validity of the documents provided by us shall be notified timely in writing to Lari Exchange
- The source of funds for the each business transaction/s is legally obtained and shall submit the required proof of the document/s as and when required .
- The purpose of business transaction represents genuine and in accordance with our usual lawful business activity and the beneficiary engaged in this business transaction is not sourcing the funds for doing any unlawful/ terrorist financing and any other criminal activities.
- Lari Exchange is authorized to act upon any instructions that have been originated from the Fax number and or electronic mail provided by us at the time of entity registration and agree to indemnify Lari Exchange for any loss or damages which may arising for any false and / or error in contents of such communications
- I / We apply enhanced due diligence and strict adherence of requirements of local and international regulatory bodies guidelines for Anti-Money laundering (AML) /Countering Terrorist Financing (CTF) and identifying the counterfeit and stale currency for the foreign currency exchange transactions and ensure to cooperate fully with Lari Exchange for any sort of investigation as and when required.
- I / We fully understand the Anti-Money Laundering procedure of Lari Exchange and the information and documents provided by us to Lari Exchange are true and best to our knowledge and ensure to comply with it at all times
- We indemnify any loss or damages which may arising from our breach any applicable law governed by local and / or international regulatory bodies.

Thanking you,  
Yours truly

Authorized Signatory	Authorized Signatory	Authorized Signatory	Company Seal
Signature:	Signature:	Signature:	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Name:	Name:	Name:	
Designation:	Designation:	Designation:	
Mobile No.	Mobile No.	Mobile No.	

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CONSIDER IT DONE تم



## Follow us

