

BENEFICIARY FORM

*This form is to be completed by the **TDFX account holder** who wishes to grant permission to an additional person or entity to deposit and withdraw financial assets with Tadawul FX LTD.*

▶ **TDFX Client Information**

TDFX Account Number: _____
 Family Name/Company Name: _____
 First Name: _____
 Date of Birth/Date of Incorporation: _____
 Passport/ID Number: _____
 Telephone Number: _____

▶ **Please tick ALL the boxes below.** By ticking the boxes you agree to the conditions set forth.

- I hereby confirm that the beneficiary details provided in this form are true and accurate and that any photocopies, including copies of verification of identity and address documents provided, are identical with the corresponding originals. Should any of these details change I will immediately notify TDFX of the changes. I understand that intentionally providing false information when filling in this form can result in criminal penalties and carries a prison sentence of up to three years unless otherwise provided by law.
- I hereby confirm that the beneficiary I nominate to be added to my TDFX account as per this form, has the right to deposit and withdraw funds into my and/or from my TDFX account. I also understand that the concept 'beneficiary' refers to the person or entity who is the ultimate owner of the deposited assets. The beneficial owner does not necessarily have to be granted Power of Attorney or signatory authority for the business relationship.
- I hereby confirm that the submission of this form does not give the beneficiary the right to trade or perform any related functions on my account.

▶ **Beneficiary Information**

Family Name/Company Name: _____
 First Name: _____
 Date of Birth/Date of Incorporation: _____
 Passport/ID Number: _____
 Phone Number: _____
 Email Address: _____

▶ **Please email this form to support@tadawulfx.com along with the additional identification documents of the beneficiary:**

- (1) **Passport Copy or ID**
- (2) **Bank Statement or Utility Bill** (electricity/phone/gas bill which is dated in the last 6 months)

Note: If the beneficiary is a Company, we will need additional documents. Please contact us for more information on the above email address.

Signature: _____ **Date:** _____

<i>For office use only:</i>	
Date in: _____	Checked by: _____
Date processed: _____	Processed by: _____
Account number: _____	Visa: _____