



KNOW YOUR CLIENT (KYC) FORM	
The form must be completed for the Principal, Audit Partner & appointed Lead Auditor	
Name	
Designation	
Address (UAE)	
Telephone	
Mobile	
Fax	
Email	
Date of Birth	
Passport Number	
Passport Issue Date	
Passport Expiry Date	
Academic Qualifications (Supported with attachments)	
Brief Description of Experience / Education Mapping with the Current Role	
Signature with Date	