

Notification Form

Financial Institution's Name: _____ Date: _____

Please fill out the relevant box below and send to BSDUN@cbuae.gov.ae.

We have identified a **match to a listing** of an individual or an entity.

The individual or entity is designated by the:

UNSC Resolution No. _____ UAE Cabinet Resolution No. _____

Individual or entity name: _____

We have **frozen** the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounts | <input type="checkbox"/> Deposits | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Credit facilities | <input type="checkbox"/> Safe deposit boxes | <input type="checkbox"/> Financial transfers |
| <input type="checkbox"/> Any other financial instruments: _____ | | |

Total amount of **frozen** funds: _____

Funds frozen at: ___:___ am/pm, on ___/___/20___

Additional information: _____

Kindly include copies of account(s) opening forms, KYC records and account statements from inception to date, as well as details of safe deposit boxes and financial transfers. Note that credits to the frozen account(s) are acceptable, but are also to be frozen, as per Article (16) of the Cabinet Decision No. (74) of 2020.

Note that submitting this notification form does not absolve your Financial Institution's responsibility to submit a STR or SAR to the UAE Financial Intelligence Unit, if deemed necessary.

We have identified a **match to a delisting** of an individual or an entity.

The individual or entity is delisted from the sanctions list of the:

UNSC Resolution No. _____ UAE Cabinet Resolution No. _____

Individual or entity name: _____

We have **canceled the freeze** on the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accounts | <input type="checkbox"/> Deposits | <input type="checkbox"/> Investments |
| <input type="checkbox"/> Credit facilities | <input type="checkbox"/> Safe deposit boxes | <input type="checkbox"/> Financial transfers |
| <input type="checkbox"/> Any other financial instruments: _____ | | |

Total amount of **unfrozen** funds: _____

Funds unfrozen at: ___:___ am/pm, on ___/___/20___

Additional information: _____

Kindly include copies of account(s) opening forms, KYC records and account statements from inception to date, as well as details of safe deposit boxes and financial transfers.

Authorized Signature(s): _____

Full name(s): _____

Designation(s): _____