



## PERSONAL INFORMATION

### For Bank Use Only

Account No:  –

Unique Customer ID No:

**Accountholder's Name:**

In Bangla (বাংলা): \_\_\_\_\_

In English (BLOCK LETTERS): \_\_\_\_\_

Father's Name (BLOCK LETTERS): \_\_\_\_\_

Mother's Name (BLOCK LETTERS): \_\_\_\_\_

Spouse's Name (BLOCK LETTERS): \_\_\_\_\_



National ID Number: \_\_\_\_\_ E-TIN:

\*Mandatory for Bangladeshi Nationals

Passport Number: \_\_\_\_\_ Issuing Country: \_\_\_\_\_ Expiry Date:

Resident Status:  Resident  Non-Resident Country of Residence: \_\_\_\_\_ Nationality: \_\_\_\_\_  
\*Guidelines for Foreign Exchange Transactions need to be followed. \*For Foreign Nationals, Copy of Passport with VISA must be Collected.

Date of Birth:         Gender:  Male  Female  3<sup>rd</sup> Gender Place of Birth: \_\_\_\_\_

Contact Details: Mobile:

Residence (Tel): \_\_\_\_\_ Office (Tel): \_\_\_\_\_

Email: \_\_\_\_\_

Present Address (Residence): \_\_\_\_\_

House: \_\_\_\_\_ Road: \_\_\_\_\_ Block/Plot: \_\_\_\_\_ Post Office: \_\_\_\_\_ Post Code: \_\_\_\_\_

Police Station: \_\_\_\_\_ District: \_\_\_\_\_ Country: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

House: \_\_\_\_\_ Road: \_\_\_\_\_ Block/Plot: \_\_\_\_\_ Post Office: \_\_\_\_\_ Post Code: \_\_\_\_\_

Police Station: \_\_\_\_\_ District: \_\_\_\_\_ Country: \_\_\_\_\_

Business/Employment Details: Profession: \_\_\_\_\_ Designation: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Years in Current Organization/Business: \_\_\_\_\_

Source of Fund/Income:  Salary  Own Business  Commission  Inheritance/Gift/Return on Investment  Personal Savings  
 Others \_\_\_\_\_

Monthly Income/Salary: \_\_\_\_\_

Below BDT 50,000  BDT 50,000 – 100,000  BDT 100,001 – 300,000  BDT 300,001 – 500,000  BDT 500,001 & Above

**FATCA Checklist**

- |  |   |
|--|---|
| <p><b>1. Are you a US Citizen, a US Green Card Holder or a US Resident??</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <small>• If Yes: Provide Form W-9.<br/>                     • If No: Proceed to Next Question.</small></p> <p><b>2. Were you born in the US?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <small>• If Yes: Provide Form W-9.<br/>                     • If Yes: But you claim being a non-US person, please provide<br/>                     (i) Certificate/ Written Explanation of Revocation of US Nationality<br/>                     (ii) A non-US passport, (iii) Signed Form W-8BEN;<br/>                     • If No: Proceed to Next Question.</small></p> | <p><b>3. Do you have a US address or telephone Number?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>4. Are you assigning a signatory authority/mandate to a person with a US address?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><b>5. Are you aware of any other information that may indicate US links?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No<br/> <small>Including US source of funds/ income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.</small></p> |
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For 3, 4 and 5 above: If 'Yes' and you accept being a US person, provide Form W-9. If 'Yes', but you claim being a Non-US person, provide Form W-8BEN. If 'No', FATCA documentation is not required.

I hereby confirm that the information provided above is true, accurate and complete. Subject to applicable local laws, I hereby consent for Bank Alfalah Limited or any of its affiliates, subsidiaries (including branches) (collectively "the Bank") to share my information with domestic or overseas regulators or tax authorities where necessary/applicable to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives. I also agree and undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.

Applicant's Signature & Date: \_\_\_\_\_

Bank Official's Signature \_\_\_\_\_

## DECLARATION & SIGNATURE

I/We hereby request BANK ALFALAH (the "BANK") to open the account(s) mentioned above on the basis of the information supplied by me/us herein this form, which I/we confirm is true and correct in all aspect. I/we hereby declare and confirm that I/we have read, understood and received the copy of account Opening Form and Terms and Conditions governing the account and hereby covenant and agree to observe and be bound by the said Terms and Conditions and any changes, supplements or modifications thereto that may be made by the Bank from time to time.

It is understood that this account will be used for bonafide transactions relating to me/our business. I/we agree to inform you of any changes in the information provided in this form or in related documents.

I/we agree to be liable for any finance or debts due to you which you may permit on this account or any other account in my/our name. You may debit my/our account for your charges (along with excise duty, Govt. Taxes if applicable) in this regard.

I/we understand that if my/our cheque book is not collected personally by me/us within 90 days from the date of this request, the Bank at its own discretion, reserves the right to destroy the cheque book, in such event, the cheque book charges debited to the account will not be refunded.

I/we agree and undertake to indemnify the Bank for any loss, damage, claim, action, costs and expenses (including legal expenses) suffered or incurred by the Bank howsoever arising out from the online facilities.

I/We will provide all the documents as per the Bank's requirement.

<b>Applicant(s) Signature &amp; Date</b>	<b>Applicant(s) Signature &amp; Date</b>
<b>Applicant(s) Signature &amp; Date</b>	<b>Applicant(s) Signature &amp; Date</b>

## FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CHECKLIST (FOR ENTITIES)

Unique Customer ID No:

Account No:  -

Account Title: \_\_\_\_\_

**1. Is the entity a listed Public Limited Company or a subsidiary of such a company?**  Yes  No

• If 'Yes', please skip questions 2 and 3 below. If 'No', please proceed to question 2. below.

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**2. Did the entity earn more than 50% of its Gross Income for the preceding tax year from other than core activities?**  Yes  No

• If 'Yes', please proceed to question 3 below. If 'No', please skip question 3.

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**3. Does any specified US person (individual or entity) hold more than 10% direct or indirect shareholding in the entity?**  Yes  No

• If 'Yes', please complete table below, provide W-9 for each Substantial US Owner & W-8BEN-E for the entity.

Name of Substantial US Owner	Complete Address	US TIN	Percentage Holding

Signature of Applicant(s):

Date:

## FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CHECKLIST (FOR FINANCIAL INSTITUTIONS)

Unique Customer ID No:

Account No:  -

Account Title: \_\_\_\_\_

**1. Is the entity a Participating Foreign (Non-US) Financial Institution (PFFI) under FATCA?**  Yes  No

• If 'Yes', please provide GIIN below. If No: The account cannot be opened.  
Global Intermediary Identification Number (GIIN) for PFFI: \_\_\_\_\_

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**2. Please indicate if the entity claims any other FATCA status**  Owner Documented FFI  Certified Deemed Compliant FFI

Other (please specify) \_\_\_\_\_

Signature of Applicant(s):

Date:

# FOR BANK USE ONLY

Date: 

D	D	M	M	Y	Y	Y	Y
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Analysis Code – SBS-1 <input type="text"/>	Deposit Type Code as per SBS-2 <input type="text"/>
SBS-2 <input type="text"/>	Risk Weight as per KYC Profile <input type="text"/>

Account Sourced By:  RO/RM  BDO  Other Staff

Name of RO/RM/BDO/Other Staff: \_\_\_\_\_ RM/BDO Code: 

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Remarks/Comments: \_\_\_\_\_

	Yes
1. TP form properly filled in and checked	<input type="checkbox"/>
2. KYC form properly filled in and checked	<input type="checkbox"/>
3. FATCA form properly filled in and checked	<input type="checkbox"/>
4. SBS form properly filled in and checked	<input type="checkbox"/>

**Account Opening Officer's Certificate**  
*I have checked this Account Opening Form and the required documents and certify that these are as per requirement & photocopies are verified from original identification documents. I also certify having verified the identity and credentials of the Applicant(s) and, where applicable, identity of guardian after having seen the original identification document(s).*

*I confirm that FATCA checks have been performed by me and cross verified against information provided by the applicant in the Account Opening Form along with CRS related information during the KYC process and that no discrepancy has been found therein. I also confirm that duly signed and completed FATCA documentation has been obtained from all applicants as established through the 'US Indicia Checks and Documentation Requirement under FATCA' section and duly signed and filled CRS Self-Certification form has also been obtained while each applicant has been classified accordingly and the account status has been marked above.*

\_\_\_\_\_  
RO/RM/BDO

Date: \_\_\_\_\_

Seal: \_\_\_\_\_

\_\_\_\_\_  
Account Opened by (Account opening officer)

Date: \_\_\_\_\_

Seal: \_\_\_\_\_

\_\_\_\_\_  
Approved by (Branch Manager/Operation Manager)

Date: \_\_\_\_\_

Seal: \_\_\_\_\_