Bank Alfalah

Date: D D M M Y Y Y Y

PERSONAL INFORMATION FORM - PERSONAL ACCOUNT

For Bank Use Only

Account No: ____ — _____ **Unique Customer ID No:** _____

Relation with the Account: ☐ 2nd Applicant ☐ 3rd Applicant ☐ 4th Applicant ☐ Minor ☐ Guardian ☐ Partner ☐ Director ☐ Signatory

☐ Others _____

Applicant's Photo

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:** D D M M Y Y Y Y

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: D D M M Y Y Y Y **Gender:** ☐ Male ☐ Female ☐ 3rd 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: _____ Previous Organization/Business: _____
**If less than two years in current organization*

Address: _____

House: _____ Road: _____ Block/Plot: _____ Post Office: _____ Post Code: _____

Police Station: _____ District: _____ Country: _____

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

Other Details (Optional): **Birth Certificate Number:** _____ **Total Service/Business Experience (Years):** _____
**For Minors (if passport is not available)*

Marital Status: ☐ Married ☐ Unmarried **Anniversary:** D D M M Y Y Y Y

FATCA Checklist

1. **Are you a US Citizen, a US Green Card Holder or a US Resident[1]?** ☐ Yes ☐ No
   - If Yes: Provide Form W-9.
   - If No: Proceed to Next Question.
2. **Were you born in the US?** ☐ Yes ☐ No
   - If Yes: Provide Form W-9.
   - If Yes: But you claim being a non-US person, please provide
     (i) Certificate/ Written Explanation of Revocation of US Nationality
     (ii) A non-US passport, (iii) Signed Form W-8BEN;
   - If No: Proceed to Next Question.
3. **Do you have a US address or telephone Number?** ☐ Yes ☐ No
4. **Are you assigning a signatory authority/mandate to a person with a US address?** ☐ Yes ☐ No
5. **Are you aware of any other information that may indicate US links?** ☐ Yes ☐ No

Including US source of funds/ income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.

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