

For Bank Use Only
Date:

D	D	M	M	Y	Y	Y	Y
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Unique Customer ID No:

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Account No:

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Manager,
Bank Alfalah,
_____ Branch

Dear Sir/Madam,
I/We hereby request you to kindly open an Account in the book of your Banks as follows. I/We furnish my/our detailed information below:

Account Title:

In Bangla (বাংলা):

 In English
(BLOCK LETTERS):

Account Short Name:
Type of Account:
☐ Current ☐ Alfalah Udyog Current Account ☐ SND ☐ FCY ☐ Alfalah Monthly Premium Account
☐ Others _____

Currency:
☐ BDT ☐ USD ☐ EURO ☐ GBP ☐ Others _____

Operations of Account:
☐ Singly ☐ Jointly ☐ Any one of us ☐ Others _____

Initial Deposit:
☐ By Cash : Amount: _____ In Words: _____
☐ By Cheque No: _____ Bank: _____ Amount: _____ In Words: _____

Purpose of Account Opening:
☐ Business/Trade ☐ Salary Disbursement ☐ Office Expenses ☐ Provident/Gratuity Fund ☐ Operation of Local Office
☐ Receiving Foreign Investment ☐ Sending Business Proceeds to Mother Company ☐ Others _____

Other Bank Account Details (if any):

 Bank & Branch Name: _____ ☐ Deposit Account ☐ Loan Account

Cheque Book:
☐ Yes ☐ No **SMS Alert:** ☐ Yes ☐ No **Mobile Number:** _____

E-Statement:
☐ Yes ☐ No **Frequency:** ☐ Monthly ☐ Quarterly ☐ Half-Yearly **Email:** _____

ORGANIZATION RELATED INFORMATION
Name of the Organization:

In Bangla (বাংলা):

In English (Block Letter):

Trade License Number
Date:

D	D	M	M	Y	Y	Y	Y
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Issuing Authority:
Registration Number:
Date:

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Registration Authority & Country:
VAT Registration Number/BIN:
Tax ID Number/TIN Number:
Correspondence Address:
☐ Registered Address ☐ Business/Office Address

Registered Address:

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

Police Station: _____ District: _____ Country: _____

Business/Office Address:

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

Police Station: _____ District: _____ Country: _____

Type of Entity:
☐ Proprietorship ☐ Partnership ☐ Joint Venture ☐ Public Ltd Co. ☐ Private Ltd Co. ☐ Trust ☐ NGO/NPO

☐ Club/Society ☐ Educational Institution ☐ Religious Institution ☐ Others: _____

Type of Business:
☐ Trading ☐ Service ☐ Manufacturing ☐ Others: _____

Nature of Business/Institution:
(In Details)

Annual Turnover:

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): _____

Applicant's Photo

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: _____

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

1. Are you a US Citizen, a US Green Card Holder or a US Resident? ☐ Yes ☐ No

- If Yes: Provide Form W-9 and proceed to Section C below;
- If No: Proceed to Next Question.

2. Were you born in the US? ☐ Yes ☐ No

- If Yes: Provide Form W-9 and proceed to Section C below;
- 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: _____

Note: Please fill in additional "Personal Information Form" for more than one applicant.

Bank Official's Signature

NOMINEE INFORMATION (FOR SOLE-PROPRIETORSHIP)

For Bank Use Only

Account No: — Nominee's Unique Customer ID No:

I/We hereby nominate the following person/persons for providing the money after my/our death. I/We have the right to cancel and change the nominee at any time. I/we hereby agree that, bank will pay the money as per my/our instruction and when the money is paid it will be considered as payment of all kinds of liability.

Number of Nominee: _____ Percentage Allotted for this Nominee: _____

Name of the Nominee: _____

National ID Number: _____

Passport Number: _____ Issuing Country: _____ Expiry Date: _____

Date of Birth: Relationship with Applicant: _____

Address: _____

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

Police Station: _____ District: _____ Country: _____

Other Information: Father's Name: _____ Mother's Name: _____ Spouse: _____ Occupation: _____

Minor Nominee

If Nominee is a Minor, According to the Section 103(2) of the Bank Company Act 1991 at the event of the death of Accountholder(s) the deposited money will be received by:

Name: _____

Father's Name: _____

Permanent Address: _____

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

Police Station: _____ District: _____ Country: _____

Date of Birth: Relationship with Nominee: _____Passport/Birth Certificate/Others (please specify): _____ Expiry Date:

Note: Please fill in additional "Nominee Information Form" for more than one nominee.

INTRODUCER'S INFORMATION

Name: _____ Relationship with Applicant: _____

Account No: —

Signature of Introducer: _____ Signature Verified by: _____

Note: Introducer is not required if the applicant provides NID which is verified through EC database.

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.

Applicant(s) Signature & Date	Applicant(s) Signature & Date
Applicant(s) Signature & Date	Applicant(s) Signature & Date

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CHECKLIST (FOR ENTITIES)Unique Customer ID No:

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Account No:

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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.

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.

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):

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Date:

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FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CHECKLIST (FOR FINANCIAL INSTITUTIONS)Unique Customer ID No:

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Account No:

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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: _____

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):

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Date:

D	D	M	M	Y	Y	Y	Y
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FOR BANK USE ONLY

Date:

D	D	M	M	Y	Y	Y	Y
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Analysis Code – SBS-1

Deposit Type Code as per SBS-2

SBS-2

Risk Weight as per KYC Profile

Account Sourced By: ☐ RO/RM ☐ BDO ☐ Other Staff

Name of RO/RM/BDO/Other Staff: _____ RM/BDO Code:

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Remarks/Comments: _____

1. TP form properly filled in and checked
2. KYC form properly filled in and checked
3. FATCA form properly filled in and checked
4. SBS form properly filled in and checked

Yes

☐☐☐☐

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: _____



Date:

D

D

M

M

Y

Y

Y

Y

DEBIT CARD APPLICATION (FOR SOLE-PROPRIETORSHIP)

Name to Appear on Debit Card:

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(Maximum 19 Characters)

Correspondence Address (Please tick one): ☐ Present Address ☐ Permanent Address ☐ Business/Employment Address

I authorize Bank Alfalah to issue a Bank Alfalah VISA Debit Card to me in lieu of an ATM Card. I acknowledge that the issue and usage of the Card is governed by the "Terms and Conditions" as in force from time to time and agree to be bound by the same. I acknowledge that it is my responsibility to obtain a copy and read the same. I accept that the Terms and Conditions are liable to be amended by Bank Alfalah from time to time. I also declare that all the data in the Application Form are true and accurate, and I shall immediately notify Bank Alfalah of any changes thereto.

I further unconditionally and irrevocably authorize Bank Alfalah to debit my account with any amount equivalent to any fees and charges thereon as per prevailing schedule of charges.

Applicant's Name:_____

Signature of Applicant: _____

FOR BANK USE ONLY

Account No:

Unique Customer ID No:

1. To be filled by Branch:

Branch Name: _____

Received Date:	D	D	M	M	Y	Y	Y	Y
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2. To be filled by Card Operations:

Card Number:

[illegible]

Verified By
(Signature with Seal)

Authorized By
(Signature with Seal)

Pre-Screened By
(Signature with Seal)

Data Posted By
(Signature with Seal)

Send Back Remarks (if any):