

For Bank Use Only

Date:

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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:
☐ Savings ☐ Current ☐ NFCD ☐ RFCD ☐ SND ☐ FCY ☐ Alfalah Rising Star ☐ Alfalah Premium Plus Savings Account

☐ Alfalah Salary Account ☐ Alfalah Monthly Premium Account ☐ Others

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

Operations of Account:
☐ Singly ☐ Jointly ☐ Any one of us ☐ Either or Survivor ☐ Others

Initial Deposit:
☐ By Cash : Amount: In Words:

☐ By Cheque No: Bank: Amount: In Words:

Purpose of Account Opening:
☐ Salary ☐ Savings ☐ Rental Income ☐ Family Expenses ☐ Retirement Benefits ☐ Business Profits ☐ Interest on Savings

☐ 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:**
GUARDIAN'S INFORMATION (FOR MINOR ACCOUNTS)

If one or more accountholders are Minor:

I, as the legal guardian of the following accountholder declare that the accountholder is a minor. His/Her related information is herewith attached with this form and all the information provided in the form is correct. The account will be operated by my signature as the legal guardian until the minor becomes major or any further instruction is given by me.

Note: Guardian means father or mother or any other legal guardian.

Name of Guardian:

Relationship with the Minor:

Signature of Guardian:

Note: Personal Information Form needs to be filled up by both the guardian and the minor. The form for minor applicant will be signed by the guardian.

INTRODUCER'S INFORMATION

Name: Relationship with Applicant:

Account No:

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Signature of Introducer: Signature Verified by:

Note:

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

PERSONAL INFORMATION

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:

**Mandatory for Bangladeshi Nationals*

E-TIN:

Passport Number:

Issuing Country:

Expiry Date:

Resident Status:

**Guidelines for Foreign Exchange Transactions need to be followed.*

☐ Resident ☐ Non-Resident

Country of Residence:

Nationality:

**For Foreign Nationals, Copy of Passport with VISA must be Collected.*

Date of Birth:

Gender: ☐ Male ☐ Female ☐ 3rd Gender

Place of Birth:

Contact Details:

Mobile:

Residence (Tel): **Office (Tel):**

Email:

Correspondence Address:

☐ Present Address ☐ Permanent Address ☐ Business/Employment Address

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:

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 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.

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.

Signature & Date: 1st Applicant	Signature & Date: 2nd Applicant
Signature & Date: 3rd Applicant	Signature & Date: 4th Applicant

**If the accountholder is a minor, guardian of the accountholder will sign on behalf of him/her.*

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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:

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: _____