

PERSONAL ACCOUNT OPENING APPLICATION FORM

Branch*: _____ Date*: _____

New Existing (If existing, please mention the CID no.) _____

Account no. / IBAN:

Account Type*: Current Savings 2in1 (AED Only)

Currency*: AED USD GBP EUR Others _____

Account title*: _____

Account category* Single Joint

Personal Information

Salutation*: Mr. Mrs. Ms. Others (specify) _____

Name (as per passport): First Name*: _____ Middle Name _____ Last Name* _____

Date of Birth*: _____ Gender* Male Female

Marital status*: Single Married Others _____

No. of Dependents: _____

Residency status* UAE Resident Non-Resident

Mother's maiden name*: _____

Qualification*: Undergraduate Graduate Post Graduate

Address Information

Preferred mailing address* Office Address Residence Address

Residential address in UAE

Building name*: _____ Flat no. / Villa no.*: _____

Street name*: _____ Area*: _____ Nearest Landmark*: _____

PO Box*: _____ City*: _____

Telephone no. _____, Mobile no*: _____

Email *: _____

Home Country address (For expatriates only)*

Building name*: _____ Flat no./Villa no.*: _____

Street name*: _____ Area*: _____ Nearest Landmark*: _____

PO Box: _____ City*: _____ Country*: _____

Telephone no. _____ Mobile no*: _____

Identification Details

Passport No.* _____ Passport issue place*: _____

Expiry date* _____

Visa No. (For Expatriates*) _____ Issued by Emirate* _____

Expiry date* _____

Emirates ID no.* _____ Expiry date* _____

Primary Nationality*: _____ Other Nationality (if applicable*): _____

Country of Birth*: _____

Additional passport no. (if applicable*) _____

Additional passport issue place (if applicable*) _____

Domestic PEP (Please specify position) _____

Foreign PEP Position _____ Country _____ (PEP: Politically Exposed Person)

Employment Details

Employed Self-Employed Unemployed others (specify) _____

Occupation* _____ Position: _____

Employer Name / Company Name* _____

Date of joining* _____ Department* _____

PO Box _____ City* _____ Country*: _____

Financial Details

Monthly salary (AED)* _____ Other source of monthly income * _____

Amount of initial deposit (AED)* _____

Purpose of opening the account (select more than one if applicable)*

Salary Cash Deposits / Withdrawal Inward / Outward Transfers (Local)

Cheque Deposits / Withdrawals Inward/Outward Telex transfers Savings

Transfer to / from countries* _____

Additional information for self-employed only

Business type: Sole proprietorship Partnership LLC
 Free Zone Others (specify) _____

Line of Business _____ Annual turnover (AED)* _____

Banking Services Required

Debit Card

Name as it should appear on Debit Card _____

SMS Preferred language*: English Arabic

Cheque Book: 10 Leaves 25 Leaves NO

Foreign Account Tax Compliance Act (FATCA)*

Please complete the form in BLOCK Letters and Tick where applicable

U.S. Indicia (Primary Holder)		Applicability (Tick Yes or No)	
		YES	No
1	Do you hold a U.S. Nationality?		
2	Are you a U.S. resident / Green card holder?		
3	Are you born in United States?		
4	Has any U.S. address or Telephone number		
5	Has POA or signatory authority address (if in U.S.)		
6	Has a Standing instructions to transfer funds to an account in the U.S. or directions regularly received from U.S.		
7	Hold mail address in the U.S.		

**Based on the above information, please select one of the below options:

I am not a U.S. citizen or a U.S. tax resident

I am a U.S. citizen or a U.S. tax resident and my U.S. taxpayer identification number (TIN) _____

Self-Certification Form *

Tax residence information

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is a resident for tax purposes in more than five countries, please use a separate sheet.

If a TIN is unavailable please provide reason **A**, **B** or **C** where appropriate:

- **Reason A:** The country where the Account Holder is resident does not issue TINs to its residents
- **Reason B:** The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table if you have selected this reason)
- **Reason C:** No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

More details are available in the Instructions to this Form.

Primary Account Holder

No.	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C		
1.			A	B	C
2.			A	B	C
3.			A	B	C
4.			A	B	C
5.			A	B	C

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1.
2.
3.

Additional Applicant Details

CID No. _____ Relationship* _____

Salutation*: Mr. Mrs Miss Others (specify) _____

Name (as in passport): First Name*: _____ Middle Name _____ Last Name* _____

Date of Birth*: _____ Gender*: Male Female

Marital status*: Single Married Others _____

No. of Dependents: _____ Residency status* Resident Non-Resident

Mother's maiden name: _____

Qualification*: Undergraduate Graduate Post Graduate

Passport No.* _____ Passport issue place*: _____

Expiry date* _____

Visa No.(For Expatriates*) _____ Issued by Emirates* _____

Expiry date* _____

Emirates ID no. * _____ Expiry date* _____

Primary Nationality*: _____ Other Nationality (if applicable*): _____

Country of Birth*: _____

Additional passport no. (if applicable*) _____

Additional passport issue place (if applicable*) _____

Domestic PEP (Please specify position*) _____

Foreign PEP Position* _____ Country* _____ (PEP: Politically Exposed Person)

Current Address

Building name*: _____ , Building/Villa no.*: _____

Street name*: _____ Area*: _____ Nearest Landmark*: _____

PO Box*: _____ City*: _____ Country* _____

Telephone no. _____ Mobile no*: _____

Email *: _____

Name of Employer / Company*: _____ Monthly Income (AED)*: _____

Designation*: _____ Company Address: _____

FATCA*

Please complete the form in BLOCK Letters and Tick where applicable

U.S. Indicia (Additional Applicant)		Applicability (Tick Yes or No)	
		YES	No
1	Do you hold a U.S. Nationality?		
2	Are you a U.S. resident / Green card holder?		
3	Are you born in United States?		
4	Has any U.S. address or Telephone number		
5	Has POA or signatory authority address (if in U.S.)		
6	Has a Standing instructions to transfer funds to an account in the U.S. or directions regularly received from U.S.		
7	Hold mail address in the U.S.		

* Based on the above information, please select one of the below options and complete the related form:

 I am not a U.S. citizen or a U.S. tax resident I am a U.S. citizen or a U.S. tax resident and my U.S. taxpayer identification number (TIN) _____**Self-Certification Form ***

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is a resident for tax purposes in more than five countries, please use a separate sheet.

If a TIN is unavailable please provide reason A, B or C where appropriate:

- Reason A: The country where the Account Holder is resident does not issue TINs to its residents
- Reason B: The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table if you have selected this reason)
- Reason C: No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed)

More details are available in the Instructions to this Form.

For Additional Account Holder

No	Country of Residence for Tax Purposes	TIN	If no TIN is available enter Reason A, B or C		
1.			A	B	C
2.			A	B	C
3.			A	B	C
4.			A	B	C
5.			A	B	C

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1.
2.
3.
4.
5.

FATCA (Individuals)

I hereby confirm/declare that the provided Information to Ajman Bank are true, complete and accurate. I confirm that under no circumstances the Bank, its employees or its contractors be liable for any direct, indirect, incidental, special, punitive or consequential damages that may result in any way from their reliance on the information I have provided. I confirm that I have provided this FATCA self-declaration willingly without advice or help from Ajman Bank. I understand that providing false information, withholding relevant information or responding in a misleading way may result in the rejection of my application or other appropriate action taken against me. I understand that Ajman Bank may be required to make disclosures in relation to the information contained herein to appropriate government authorities and/or other regulatory authorities locally/internationally, and vide this document. I irrevocably permit Ajman Bank to make such disclosures to any such authorities without obtaining further written or oral permission from me. This document shall form an integral part of and always be read in conjunction with the account application form and its underlying terms and conditions.

I agree and undertake to notify the bank within 30 calendar days if there is change in any information which I have provided to the bank.

Self-Certification Form (Declaration) – Individual

I understand that the information supplied by me is subject to the terms and conditions governing the Account Holder's relationship with Ajman Bank. I acknowledge that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority, including the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.

Certification

I certify that I am the Account Holder (or am authorised to sign for the Account Holder) of all of the account(s) to which this Form relates.

I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.

I undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status of the Account Holder or where any information contained herein to become incorrect.

Note: If you are not the Account Holder please indicate the capacity in which you are signing the Form.

Capacity: _____

Please note that in providing the certification, a statement that is false, misleading or incorrect may be regarded as an offence and, therefore may be subject to penalties under relevant law or regulation.

Ethad Credit Bureau Declaration

I authorize Ajman Bank to obtain and/or verify and to inquire at any time from Ethad Credit Bureau, Banks and other financial institutions, my employer or any other body as the Bank deems appropriate about my financial information which includes but not limited to the details of banking facilities, the financial position, the income, and any other information relating to me which the bank deems appropriate without any reference to me.

I hereby also agree to the disclosure by Ajman Bank, from time to time, of all or any credit or financial information and data relating to me and any credit facility availed or to be availed by me as Ajman Bank may be required to disclose to Ethad Credit Bureau, any of its agents, any bank or other financial institutions, or any other body as the bank deems appropriate.

Terms and Conditions

I/We agree that the information given above is true and complete, and I/We agree that a copy of the bank's general Terms and Conditions for the operation of account and Electronic Banking Services and those applicable specifically to the type of account chosen by me, has been made available to me at the time of filling this application. I/We understood the relevant terms and conditions are available on the bank's web address: http://www.ajmanbank.ae/site/files/Terms_Conditions.pdf.

I/We have read and understood the bank's general Terms & Conditions for the operation of account and electronic banking services which are applicable specifically to the type of account chose by me/us and acknowledge that I/We understand and expressly agree and accept to be bound by such terms and conditions which has been made for me/us in English and/or Arabic at the time of filling the application form and on the Bank's website as well. I/We confirm that all the expected Inward remittances to my/our account(s) will comply with the all applicable laws, rules and regulations of UAE Central Bank. I/We also authorize Ajman bank to send me/us information relating to its products, services and special offers.

Customer Name (1): _____

Signature

Date: _____

Customer Name (2): _____

Signature

Date: _____

Signing instructions: Single Joint POA

For Ajman Bank Use Only

Branch: _____ Staff ID No: _____

Staff Name: _____ Signature: _____

Processed by: _____ **Approved by:** _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Branch: _____ فرع:

Date التاريخرقم الحساب
Account Number: اسم صاحب الحساب
Account Holder's Name: _____

Account Operating instructions:

تعليمات خاصة بتشغيل الحساب

Singly / Jointly / Others (Please Specify) _____ فردي / جماعي / اخرى (برجي التحديد)

Authotized Signatory Name (1): _____ اسم المفوض بالتوقيع (1) Signature _____ التوقيع	Authotized Signatory Name (2): _____ اسم المفوض بالتوقيع (2) Signature _____ التوقيع
Authotized Signatory Name (1): _____ اسم المفوض بالتوقيع (1) Signature _____ التوقيع	Authotized Signatory Name (2): _____ اسم المفوض بالتوقيع (2) Signature _____ التوقيع
For Bank Use Only	
Received by: Scanned by: Authorized by:	