

BRANCH []

DATE []

ACCOUNT OPENING FORM FOR NON-INDIVIDUALS FOR SAVINGS/CURRENT/FIXED DEPOSITS

[]

[]

[]

ACCOUNT NUMBER

ACCOUNT NUMBER

ACCOUNT NUMBER

I/We request you to open our deposit account with your branch/bank as under:

(Tick type of account) CURRENT A/C FIXED DEPOSIT

FACILITIES REQUIRED CHEQUE BOOK ONLINE BANKING

TITLE OF ACCOUT (IN BLOCK LETTERS)

[]

TYPE OF ACTIVITY / BUSINESS

DATE OF INCORPORATION

VAT REGISTRATION NO.

EXCISE NO. (If any)

[]

[]

[]

[]

CONSTITUTION (Please select)

Sole Proprietorship Partnership Private Ltd. Co. Public Ltd Co. Other Financial Institution

Society Association Trust/Club Public Sector Bank Private Sector Bank

SECTION 1 CONTACT INFORMATION

CONTACT OFFICE # CELLULAR # FAX # EMAIL ADDRESS

[]

[]

[]

[]

REGISTERED ADDRESS

[]

MAILING ADDRESS (IF DIFFERENT)

[]

SECTION 2 COMMERCIAL INFORMATION

1. Please list the products and services provided by the company (a summary of the company's activities):

[]

2. Please indicate below the full staff complement of the company:

0 employees 1-5 6-20 21-50 51-100
 101-150 151-200 201-500 501-1,000 1,001 +

3. If the business operates with no employees, please provide an explanation below.

[]

4. Total Annual Sales Turnover

Total Assets Base

\$ []

\$ []

SECTION 3 AUTHORIZED OFFICERS / DIRECTORS / SIGNATORIES INFORMATION

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH	CUSTOMER ID
1					

NATIONALITY	IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE

ADDRESS

HOME #	CELLULAR #	WORK #	EMAIL ADDRESS

OCCUPATION	EMPLOYER'S NAME	EMPLOYER'S ADDRESS

Please choose from the following:

- Salaried
 Self-Employed
 Professional
 Politician
 Housewife
 Student
 Retired
 Stockbroker
 Agriculture
 Others

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH	CUSTOMER ID
2					

NATIONALITY	IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE

ADDRESS

HOME #	CELLULAR #	WORK #	EMAIL ADDRESS

OCCUPATION	EMPLOYER'S NAME	EMPLOYER'S ADDRESS

Please choose from the following:

- Salaried
 Self-Employed
 Professional
 Politician
 Housewife
 Student
 Retired
 Stockbroker
 Agriculture
 Others

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH	CUSTOMER ID <small>(Bank Use Only)</small>
3					

NATIONALITY	IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE

ADDRESS

HOME #	CELLULAR #	WORK #	EMAIL ADDRESS

OCCUPATION	EMPLOYER'S NAME	EMPLOYER'S ADDRESS

Please choose from the following:

- Salaried
 Self-Employed
 Professional
 Politician
 Housewife
 Student
 Retired
 Stockbroker
 Agriculture
 Others

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH	CUSTOMER ID <small>(Bank Use Only)</small>
4					

NATIONALITY	IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE

ADDRESS

HOME #	CELLULAR #	WORK #	EMAIL ADDRESS

OCCUPATION	EMPLOYER'S NAME	EMPLOYER'S ADDRESS

Please choose from the following:

- Salaried
 Self-Employed
 Professional
 Politician
 Housewife
 Student
 Retired
 Stockbroker
 Agriculture
 Others

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH	CUSTOMER ID <small>(Bank Use Only)</small>
5					

NATIONALITY	IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE

ADDRESS

HOME #	CELLULAR #	WORK #	EMAIL ADDRESS

OCCUPATION	EMPLOYER'S NAME	EMPLOYER'S ADDRESS

Please choose from the following:

- Salaried
 Self-Employed
 Professional
 Politician
 Housewife
 Student
 Retired
 Stockbroker
 Agriculture
 Others

SECTION 4 BENEFICIAL OWNERSHIP

Are the shares in your company beneficially owned by persons other than the registered owner? YES NO

1. Are the shares in the company publicly traded? YES NO

2. If 'yes', please state the name of the stock exchange below:

Please state the name(s) of all beneficial owner(s) in the space(s) below. Please use another sheet if necessary.

a. The Company is required to submit copies of valid identification which are authenticated by the Corporate Secretary for those owning at least 10% of Outstanding Capital Stock.

b. Copies of IDs are not required for Ordinary Shares issued in a Public Offering.

	1 st Beneficial Owner	2 nd Beneficial Owner
Full Name		
Street Address		
City & Country		
Percentage Ownership		
Occupation		
Nationality		

	3 rd Beneficial Owner	4 th Beneficial Owner
Full Name		
Street Address		
City & Country		
Percentage Ownership		
Occupation		
Nationality		

5 th Beneficial Owner		6 th Beneficial Owner
Full Name		
Street Address		
City & Country		
Percentage Ownership		
Occupation		
Nationality		

SECTION 5 POLITICALLY EXPOSED PERSON (PEP) ATTESTATION

Please indicate whether the following is applicable to any of your beneficial owners, directors or signatories

- a. Have you ever been a Head of State or Government, Senior Politician, Senior Government Official, Judicial or Senior Military Official either local or foreign? YES NO
- b. Have you ever been a senior official of a major Political Party or a senior executive of a local or foreign Government owned commercial enterprise either local or foreign? YES NO
- c. Are you an immediate family member (spouse, parent, sibling, child) or close personal or professional associate of anyone in the above categories (a-b)? YES NO
- d. Have you ever been entrusted with a prominent function by an international organization either local or foreign? YES NO
 If the response to any question (a-b) above is 'YES'; please indicate details below (BEN – Beneficial Owner, DIR – Company Director, SIG – Account Signatory)

1. Full Name (as per Government Issued ID) _____ BEN DIR SIG
 Details of PEP status _____
2. Full Name (as per Government Issued ID) _____ BEN DIR SIG
 Details of PEP status _____
3. Full Name (as per Government Issued ID) _____ BEN DIR SIG
 Details of PEP status _____
4. Full Name (as per Government Issued ID) _____ BEN DIR SIG
 Details of PEP status _____

SECTION 6 DIRECTORS' INFORMATION

Full Name (First, Last Name)	Occupation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

SECTION 7 TERMS & CONDITIONS & DECLARATION (PLEASE TICK BOXES)

- [] I/We wish to be informed about the various features/products and promotional offers made by the bank from time to time.
- [] Please issue cheque book and recover charges from my/our account.
- [] I/We have read, understood and agree to abide by the banks rules relating to the conduct of the above accounts/services/products which are displayed on the website or contained in the brochures of the Bank.
- [] Account will be operated and balance along with interest payable as per operational instructions given above.
- [] I/We understand that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
- [] I/We also agree to maintain the minimum/average quarterly balance which the bank may prescribe as the minimum balance to be maintained and any other charges stipulated by the Bank. I/We understand that any charges in this respect will be noticed by the Bank on its website and also will be displayed on the notice board of the branches one month in advance.
- [] Are you directly or indirectly involved in any illegal activity pertaining to possible criminal action or any fraudulent activity. Yes No
- [] I/We confirm I/We will not commit one or any of commingling indicators, I/We understand that the practice of commingling is prohibited under the Proceeds of Crime Act No. 55 of 2000. I/We understand that ANSA Bank Limited, in its sole discretion, is at liberty to terminate the said account should I/We be in breach of any commingling indicators.
- [] I/We confirm that I/We was/were entirely free to have this document reviewed, so that I/We can be independently advised as to the content and legal effect of this document and I/We are/am satisfied that I/We do not require same.
- [] I/We authorize ANSA Bank Limited/ its Group of companies or its/their agents to make references and inquiries as may be deemed necessary in their discretion with regards to the information furnished to the application/s. ANSA Bank Limited and its Group entities/companies are empowered to exchange, share or part with all the information, data or documents relating to my/our application inter se among themselves or to other Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies / such other entities / persons as may be deemed necessary or appropriate or as may be required for processing of such information / data by such persons/s or for furnishing of the processed information / data / products thereof to other Banks / Financial Institutions / Credit Bureaus / Agencies / users registered with such agencies.

STATEMENT OF A/C THROUGH

E-mail: _____

The Borrower agrees that ANSA Bank Limited (the Bank) may at any time without notice apply any credit balance (whether or not then due and in whatever currency) which is at any time held in any of your accounts towards the satisfaction of:

- (a) any fees, loss, damage or expense suffered by us, as a result of our provision and/or your use of our services, or
- (b) any sum you owe under a credit card, mortgage, overdraft or other agreement within ANSA Bank Limited.

If such balances are in different currencies, the Bank may convert either balance at the then prevailing market rate of exchange for the purpose of the set-off.

Any exercise by the Bank of its rights of set-off shall not limit or affect any other rights or remedies available to it.

(Anyone (1) Director and Company Secretary to sign)

Director:

Company Secretary:

Company Stamp/Seal:



SECTION 8 Expected Activity / Source of Funds through Accounts

- Expected Monthly Deposit Activity (EMDA) (Please specify) _____
- Source of Funds:

Trade Business
 Service Fees
 Interest/Dividends
 Rental Income
 Donations
 Loan Proceeds
 Capital Gains
 Subsidiaries
 Other (Please specify) _____

SECTION 9 Foreign Account Tax Compliance Act (FATCA) Information (tick yes where applicable to you)

- Global Intermediary Identification Number (GIIN) – Required for Financial Institutions Only
- Kindly indicate your Chapter 4 Status (FATCA status)

<input type="checkbox"/> US person	<input type="checkbox"/> Participating FFI	<input type="checkbox"/> Exempt beneficial owner	<input type="checkbox"/> Excepted NFFE
<input type="checkbox"/> Specified US person	<input type="checkbox"/> Deemed-compliant FFI	<input type="checkbox"/> Nonparticipating FFI	<input type="checkbox"/> Passive NFFE
<input type="checkbox"/> Foreign individual	<input type="checkbox"/> Restricted distributor	<input type="checkbox"/> Territory financial institution	

3. Please indicate your US Status by signing at either A or B below:

A. FATCA CERTIFICATION NON-US PERSON

I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify that:

- The person identified on the line entitled Legal Name on this form is the beneficial owner of all the income to which this form relates.
- The person identified on the line entitled Legal Name is not a US person.
- The income to which this form relates is: (a) not effectively connected with the conduct of at trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner’s share of a partnership’s effectively connected income, and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt or custody of the income of which the entity named on the line entitled Legal Name is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the named entity on the line entitled Registered Company Name is the beneficial owner.

I agree that I will advise ANSA Bank Limited immediately if any certification on this form is no longer valid.

_____ Signature of the individual authorized to sign For beneficial owner	_____ Name	_____ Date (yyyy/mm/dd)
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I certify that I have the capacity to sign for the entity identified on the line entitled Registered Company Name of this form.

B. FATCA CERTIFICATION US PERSON

I certify that:

- The Global Intermediary Identification Number (GIIN) is correct and
- I am a U.S. person
- I have completed an Internal Revenue Service (IRS) US Form W-9 YES NO
- Copies of all accompanying evidence in support is attached to declaration.

I agree that ANSA Bank Limited can provide to the United States Internal Revenue Service and to any relevant tax authority (or any party authorized to act on behalf of such an authority any of the information provided in this section or any information that may be required to be provided by law to the United States Internal Revenue Service other relevant tax authority relating to my account(s) held.

Note: ANSA Bank Limited and its subsidiaries are not responsible for providing any tax advice to clients. Clients are advised to seek professional advice from their Attorneys on their FATCA status etc.

[] I/We hereby acknowledge that the statement above true and correct.

(Anyone (1) Director and Company Secretary to sign)

Director:

Company Secretary:

Signature of Compliance Officer at
ANSA Bank Limited

Date (yyyy/mm/dd)

SECTION 10 TITLE OF THE ACCOUNT

ACCOUNT NO.

OPERATING INSTRUCTIONS/SIGNING AUTHORITY:

SPECIMEN SIGNATURE OF:

1. Mr./Ms./Mrs.

2. Mr./Ms./Mrs.

3. Mr./Ms./Mrs.

4. Mr./Ms./Mrs.

5. Mr./Ms./Mrs.

6. Mr./Ms./Mrs.

7. Mr./Ms./Mrs.

8. Mr./Ms./Mrs.

9. Mr./Ms./Mrs.

10. Mr./Ms./Mrs.

NAME: BANK OFFICIAL IN WHOSE PRESENCE SIGNED



SECTION 11 ADDITIONAL DOCUMENTS TO BE OBTAINED

- Sole Proprietor
 - Sole Proprietorship Letter
 - Power of Attorney (if any) granted to any person to transact the business on its behalf

- Partnership
 - Letter of Partnership
 - Registration Certification (if any)
 - Power of Attorney granted to partner or an employee of the firm to transact business on its behalf
 - Any document identifying the main partners and the persons(s) holding power of attorney and their addresses

- Limited Company (Private/Public)
 - Certificate of Incorporation.
 - Articles of Incorporation
 - Notice of Secretary
 - Notice of Directors
 - Notice of Address
 - Return of Beneficial Ownership (Form 45)
 - Annual Return
 - Three (3) years financials (existing companies) / cashflow projections (new companies)
 - Company Bye-Laws (if applicable)
 - Copy of Certificate of commencement of Business in case of Public Limited Co.
 - Certified copy of Memorandum and Article of Association of the company made up to date.
 - A certified true copy of the resolution of the Board of Directors of Company requesting the Bank to open an account in its name specify the operating instructions and a list of authorized officials to operate the account.
 - Power of Attorney if granted to its manager, officer or employee to transact the business on its behalf.

- Charitable/ Public/ Trust / Foundations
 - Certificate of Registration. If registered.
 - Copy of Trust Deed / Constitution document
 - Power of Attorney granted to persons to transact the business on its behalf
 - Certified copy of the resolution signed by all the trustees in regard to the conduct of the account
 - Any document listing the names and address of trusts, settlers, beneficiaries and those holding Power of Attorney and other key officials involved in day-to-day management of the trust / foundation to the satisfaction of the Bank.
 - Certificate from the Charity Commissioner in case of registered trust.

Note: All Individuals who are Proprietor / Partner / Director / Authorized Signatory etc. must provide identity and address proof in conformity with the furnished information in the application form.

Resolution for opening company account: (The Resolution should be somewhat in the following terms)

We hereby certify that the following Resolution of the Board of Directors of the

Company Ltd. was passed at a meeting of the Board held on the and has been duly recorded in the Minute Book of the said Company.

Resolved that the banking account for the company be opened with the ANSA Bank Limited and that the said Bank be and is hereby authorized to honour cheques, bills of exchange and Promissory Notes drawn, accepted or made on behalf of the company by (*indicate signing authority*)

and to act on any instructions so given relating to the account whether the same be overdrawn or not or relating to the transaction of the Company.

Secretary/Managing Agents

Directors/Managing Agents

Chairman

Company Stamp or Seal

All alterations should be initiated.

It is necessary that the authority given by the Resolution shall be in accordance with the powers provided by the Articles of Association of the Company.

SECTION 12 KYC CERTIFICATION

For Bank Use Only

KYC IDENTIFICATION DOCUMENTATION/PAPERS TO BE SUBMITTED BY APPLICANT(S)

1. PROSPECTIVE CUSTOMER [Initial Screening] EXISTING CUSTOMER [Retrospective screening] CUSTOMER # _____

2. Industry Code _____ Sub-sector Code _____

3. Is the applicant engaged in any of the following businesses noted below (please tick appropriate box)?

If yes, approval is required by the Senior Management with guidance of the Compliance Officer

A. Listed Business YES NO B. Non-regulated FI YES NO C. Other YES NO

If yes, please select which applies

- Internet Gambling
- Real Estate
- Motor Vehicle Sales
- Gaming Houses
- Pool Betting
- National Lotteries/On-Line Betting
- Cash Intensive Business
- Jewellery
- An Art Dealer
- Professional service provider
- (e.g. Attorney-at-law, Accountant, or other Independent Legal Professional)
- Money or Value Transfer Services
- A Private Members' Club
- Trust & Company Service Provider

If yes, please select which applies

- Credit Union
- Building Society
- Postal Service
- Cash Remitters

If yes, please select which applies

- State Enterprise
- Statutory Body
- Politically Exposed Person
- Overseas company

4. Customer Risk Assessment Score _____
 HIGH RISK MEDIUM RISK LOW RISK
 PEPH PEPM PEPL

5. Has beneficial ownership been verified in line with required standards and true copies of documents obtained?
 YES NO

Branch Location

Department Unit

Transaction Officer (NAME IN BLOCK LETTERS)

Officer's Signature

Date Signed

Manager (NAME IN BLOCK LETTERS)

Manger's Signature

Date Signed