

ANSA BANK LIMITED

BRANCH DATE

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

ACCOUNT NUMBER

ACCOUNT NUMBER

SCHEME CODE

I/We request to open a deposit account at your branch/bank as under:

(Tick type of account)

 SAVINGS A/C CURRENT A/C FIXED DEPOSIT

FACILITIES REQUIRED

 CHEQUE BOOK ATM/DEBIT ONLINE BANKING

SECTION 1 MAIN APPLICANT INFORMATION

CUSTOMER ID *(Bank Use Only)*

FULL NAME (IN BLOCK LETTERS)

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH	NATIONALITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS

CONTACT	HOME #	CELLULAR #	WORK #	EMAIL ADDRESS
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT OCCUPATION	CURRENT EMPLOYER	SALARY AMOUNT	EMPLOYER'S ADDRESS	#YEARS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVIOUS OCCUPATION (If less than 2 years)	PREVIOUS EMPLOYER	PREVIOUS EMPLOYER'S ADDRESS	#YEARS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please choose from the following:

 SALARIED SELF-EMPLOYED PROFESSIONAL HOUSEWIFE STUDENT RETIRED STOCKBROKER AGRICULTURE OTHER

REFERENCES:	NAME	ADDRESS	PHONE #	RELATIONSHIP
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 2 JOINT APPLICANT INFORMATION

CUSTOMER ID *(Bank Use Only)*

FULL NAME (IN BLOCK LETTERS)

TITLE	FIRST NAME	MIDDLE NAME	SURNAME	DATE OF BIRTH	NATIONALITY
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

IDENTIFICATION TYPE	IDENTIFICATION #	ISSUE DATE	EXPIRY DATE
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ADDRESS

CONTACT	HOME #	CELLULAR #	WORK #	EMAIL ADDRESS
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CURRENT OCCUPATION	CURRENT EMPLOYER	SALARY AMOUNT	EMPLOYER'S ADDRESS	#YEARS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PREVIOUS OCCUPATION (If less than 2 years)	PREVIOUS EMPLOYER	PREVIOUS EMPLOYER'S ADDRESS	#YEARS
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please choose from the following:

 SALARIED SELF-EMPLOYED PROFESSIONAL HOUSEWIFE STUDENT RETIRED STOCKBROKER AGRICULTURE OTHER

REFERENCES:	NAME	ADDRESS	PHONE #	RELATIONSHIP
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3 MINOR APPLICANT INFORMATION

IN CASE OF MINOR:

FATHER & NATURAL GUARDIAN

MOTHER & NATURAL GUARDIAN

GUARDIAN

I shall represent the said minor in all future transactions of any description in the above account until the said minor attains the age of eighteen. I will indemnify the Bank against the claim of the above minor of any withdrawal/transactions made by me in his/her account.

SECTION 4 PURPOSE OF ACCOUNT / EXPECTED ACTIVITY / SOURCE OF DEPOSITS

1. Purpose of the Account (Please specify) _____
2. Expected Monthly Deposit Activity (EMDA) (Please specify) _____
3. Source of Deposits (Please specify) _____
4. Number / Frequency of Expected Deposits (Please specify) _____

SECTION 5 LOAN DETAILS (Applicable if applying for a loan)

LOAN PURPOSE		INTEREST RATE (%)	
COST		TENOR (MONTHS)	
DOWNPAYMENT		NEGOTIATION FEE	
INSURANCE PREMIUM FINANCE		INSTALMENT AMOUNT	
PRINCIPAL LOAN AMOUNT			

ASSETS	AMOUNT	LIABILITIES	BALANCE	INSTALMENT
Cash Investments & Other e.g., Motor Vehicles, Real Estate, etc.		Loans, Mortgages, Credit Cards all other debts and to whom owing		
TOTAL		TOTAL		
		NET WORTH		

DSR CALCULATIONS

SOURCE OF INCOME

- Salary (Aggregate)
- Bonuses/Commissions
- Rental Property Income
- Investment Income
- Other Income
- TOTAL INCOME**

EXPENSES

- Mortgage
- Rent
- Personal Loan
- Credit Cards
- ABL Loan
- TOTAL EXPENSES**

DSR (%) %



SECTION 6 TERMS & CONDITIONS & CUSTOMER DECLARATION (PLEASE TICK BOXES)

- 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 Bank's rules relating to the conduct of the above accounts /services / products which are displayed on the website and 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 understood 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.
- 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 2,000. 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 and be independently advised as to the content and legal effect. I/We confirm same was not required.
- I/We authorize ANSA Bank Limited/its Group of Companies or its/their agents to make references and inquires as may be deemed necessary in their discretion with regard 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.

SIGNATURE IN FULL

SIGNATURE OF MAIN APPLICANT

SIGNATURE OF CO-APPLICANT

SECTION 7 POLITICALLY EXPOSED PERSON (PEP) ATTESTATION

- 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 If yes, please provide details _____
- 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 If yes, please provide details _____
- 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 If yes, please provide details _____

d. Have you ever been entrusted with a prominent function by an international organization either local or foreign?
 Yes No If yes, please provide details _____

SECTION 8 FATCA DECLARATION

The Government of the United States of America passed a law in March 2010 under the Foreign Account Tax Compliance Act (FATCA) requiring disclosure on the existence of all accounts held by United States nationals and of any persons or entities to which the following indicia are applicable. Please tick where appropriate pertaining to your U.S. status.

- a. Identification of any account holder as a resident of the United State of America (USA) or as a USA Citizen (i.e. Holder of a US Green card or US Passport) YES NO
- b. A US address associated with an account holder YES NO
- c. A USA place of birth for an account holder YES NO
- d. A US "in care of" or "hold mail" address or a P.O. address that is the sole address on file with respect to the account holder(s) YES NO
- e. A power of attorney or signatory authority granted to a person with a USA address YES NO
- f. Standing order instruction provided to transfer funds to an account maintained in the USA or directions received from a USA address YES NO
- g. Is any joint party to this Account with ANSA Bank Limited a USA national or holder of a Green Card for residency in the USA? YES NO

Please indicate your US FATCA Status by signing at A or B below:

A. FATCA CERTIFICATION FOR NON-US PERSONS

I certify that:

- a. I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates,
- b. The person named under the section entitled 'identity information' on this form is not a U.S. person,
- c. The person named under the section entitled 'identity information' on this form is a resident of the treaty country where they indicated tax is paid (if any) within the meaning of the income tax treaty between the United States and that country, and

I agree that I will advise ANSA Bank Limited immediately of any changes relating to my U.S. status.

.....
 Signature of Non-US Person Date

B. FATCA CERTIFICATION FOR US PERSONS

If you are a US person and answered "yes" to the Assessment of US Indicia noted above, then:

I certify that:

- a. The Taxpayer Identification Number (TIN) provided is correct, and
- b. I am a U.S. person. **TAX IDENTIFICATION NUMBER (9 digits)**
- c. I have completed an Internal Revenue Service (IRS) US Form W-9- Request for Taxpayer Identification Number and Certification YES NO
- d. I have renounced my US Citizenship and have completed an IRS W-8BEN Form – Certificate of Foreign Status of Beneficial Owner for US Tax Withholding YES NO

Copies of all accompanying evidence in support should be 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 or other relevant tax authority relating to my account(s) held.

.....
 Signature of US Person Taxpayer Identification Number (TIN) Date

.....
 Signature of the Compliance Officer Date
 At ANSA Bank Limited

SECTION 9 SIGNING AUTHORITY

SIGNING AUTHORITY INSTRUCTIONS:

- ANYONE TO SIGN
- 2 TO SIGN
- OTHER _____

NAME (BLOCK LETTERS)

SIGNATURE

NAME (BLOCK LETTERS)

SIGNATURE

NAME (BLOCK LETTERS)

SIGNATURE

NAME (BLOCK LETTERS)

SIGNATURE

DEBIT CARD

I wish to apply for ANSA Bank Limited Debit Card.

- I authorize ANSA Bank Limited to issue a Debit ATM Card to me.
- I further unconditionally and irrevocably authorize you to debit my account annually for Debit Card fees/charges.

DECLARATION/DEBIT CARD UNDERTAKING

I confirm that I am the sole account holder or have the required mandate to operate the account linked to the Debit Card singly and that I am older than 18 years of age. I acknowledge that the PIN must not be shared and indemnify ABL from any issues that may occur if I divulged my PIN. I accept the responsibility for my Debit Card and agree not to make and claims against ANSA Bank Limited in respect thereto.

SIGNATURE OF MAIN APPLICANT

DATE

SIGNATURE OF JOINT APPLICANT

DATE

SECTION 10 BRANCH ATTESTATION

Salaried Individuals	Sole Traders / Self Employed	Foreign Nationals
- 2 forms of valid IDs	- 2 forms of valid IDs	- 2 forms of valid IDs
- Proof of address (utility bill)	- Proof of address (utility bill)	- Proof of address (utility bill)
- Job Letter	- Business contracts	- Job Letter
- Salary Slip	- Sales receipts and invoices	- Salary Slip
- Bank statement (3-month balance)	- Bank statement (3-month balance)	- Bank statement (3-month balance)
-	- Business financials	- Work permit / CSME certificate
-	- Certificate of registration	- Banker's reference from home country

Signature of Branch Manager / Delegate

Date

SECTION 11 ABL EXPOSURE OF LIABILITIES AFTER PROPOSED LOAN

LOAN #	LOAN BALANCE	COLLATERAL	INSTALMENT

SECTION 12 PROPOSED SECURITY

DESCRIPTION OF SECURITY ITEM	EMV / FV	BANK CHARGE TAKEN

SECTION 13 LOAN RECOMMENDATION / CONDITIONS PRECEDENT

Empty box for loan recommendation and conditions precedent.

SECTION 14 DISBURSEMENTS

Empty box for disbursements.

OFFICER RECOMMENDER'S NAME SIGNATURE DATE



SECTION 15 CREDIT APPROVAL

A credit decision is taken as follows:

APPROVED DECLINED

There is reasonable assurance of repayment

YES

NO

There is sufficient equity

Yes

No

There is sufficient collateral

YES

NO

Other (If yes, specify below)

Yes

No

FINAL TERMS

Down payment

Guarantee

Yes

No

Tenor

ACH

Yes

No

Interest Rate

Insurance

Yes

No

GCC

Yes

No

Manger	<input type="text"/>	Manager	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

