

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:

Al-Wadeeah Current Account Alfalah Udyog Current Account Mudarabah Special Notice Deposit Account FCY
 Alfalah Royal Profit 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:

D	D	M	M	Y	Y	Y	Y
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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:

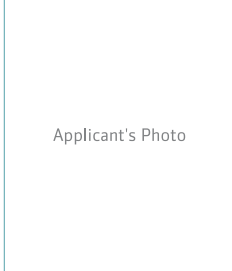
In Bangla (বাংলা): _____

In English (BLOCK LETTERS): _____

Father's Name (BLOCK LETTERS): _____

Mother's Name (BLOCK LETTERS): _____

Spouse's Name (BLOCK LETTERS): _____



National ID Number: _____ E-TIN:

**Mandatory for Bangladeshi Nationals*

Passport Number: _____ Issuing Country: _____ Expiry Date:

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: 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

- | | |
|--|---|
| <p>1. Are you a US Citizen, a US Green Card Holder or a US Resident?* <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If Yes: Provide Form W-9. • If No: Proceed to Next Question. <p>2. Were you born in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <ul style="list-style-type: none"> • If Yes: Provide Form W-9. • If Yes: But you claim being a non-US person, please provide <ul style="list-style-type: none"> (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. | <p>3. Do you have a US address or telephone Number? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Are you assigning a signatory authority/mandate to a person with a US address? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Are you aware of any other information that may indicate US links? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Including US source of funds/ income, US nationality, residence status of authorized signatory/mandate holder, expected remittances to/from US etc.</i></p> |
|--|---|

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.

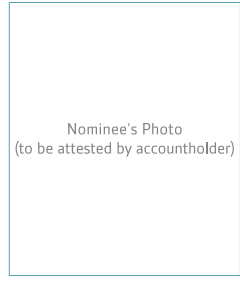
Number of Nominee: _____ Percentage Allotted for this Nominee: _____

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 Introdncer: _____ Signature Verified by: _____

Note: Introdncer 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 From 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 destory 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:

D	D	M	M	Y	Y	Y	Y
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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 <input style="width: 150px; height: 20px;" type="text"/>	Deposit Type Code as per SBS-2 <input style="width: 150px; height: 20px;" type="text"/>
SBS-2 <input style="width: 150px; height: 20px;" type="text"/>	Risk Weight as per KYC Profile <input style="width: 150px; height: 20px;" type="text"/>

Account Sourced By: RO/RM BDO Other Staff

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

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Remarks/Comments: _____

	Yes
1. TP form properly filled in and checked	<input type="checkbox"/>
2. KYC form properly filled in and checked	<input type="checkbox"/>
3. FATCA form properly filled in and checked	<input type="checkbox"/>
4. SBS form properly filled in and checked	<input type="checkbox"/>

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: _____

