



## ...... Branch

## INFORMATION ON INDIVIDUALS RELATED TO THE ACCOUNT

| Date: |   |   |             | Account Number |         |     |                 |        |        |      |      |         |           |
|-------|---|---|-------------|----------------|---------|-----|-----------------|--------|--------|------|------|---------|-----------|
|       |   |   | Bra         | anch C         | ode     |     |                 | Acc    | ount   | Nun  | nber |         |           |
|       |   |   |             |                |         |     |                 |        |        |      |      |         |           |
|       |   |   | F           |                | 1       |     | Client          | Identi | fier ( | Code |      |         |           |
|       |   |   |             |                |         |     |                 |        |        |      |      |         |           |
| 1.    | Name of Account Holder  | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 2.    | Relationship with Account   | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 2     | ☐ 1 <sup>st</sup> Applicant ☐ 2 <sup>nd</sup> Applicant ☐ ☐ Guardian ☐ Attorney Holder ☐ Stather's Name | Signatory   Other                       | ·           |                |         |     |                 |        |        |      |      |         |           |
| 3.    |   | :                                       |             |                | • • • • |     |                 |        |        |      |      | • • • • | • • • • • |
| 4.    | Mother's Name   | :                                       | • • • • • • |                |         |     |                 |        |        |      |      | • • • • | • • • • • |
| 5.    | Name of Husband/Wife  | ·                                       |             |                |         |     |                 |        |        |      |      |         | • • • •   |
| 6.    | Nationality   | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 7.    | Date of Birth   | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 8.    | Gender (Put $\vee$ ) : $\square$ M  |   | Fema        | ale            |         |     |                 |        |        |      |      |         |           |
| 9.    | Profession (with designation)   | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 10    | National ID Number  | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 11    | Passport Number (if any)  | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 12    | . Tax ID Number (TIN)   | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 13    | Driving License Number  | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 14    | Present Address (Residence)   | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 15    | Permanent Address   | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 16    | Business Address  | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
| 17    | Correspondence Address  | :                                       |             |                |         |     |                 |        |        |      |      |         |           |
|       | Telephone:  | Home:                                   |             |                |         | Off | ice:            |        |        |      |      |         |           |
| 18    | Mobile: Credit Card related information (if a Name of Issuer: Name of Issuer:                           | Ca                                      | ard N       | uml            | oer:    |     |                 |        |        |      |      |         |           |
| 19    | Residence Status (Put V)  (If needed information should be obtained)                                    | : □ Resident ained as per the guideline |             |                |         |     | sidei<br>ige Ti |        | ctio   | ns)  |      |         |           |
| Na    | ame:  | Signature:                              |             |                |         |     |                 | Date   | e: .   |      |      |         |           |