Information on Individual (Annexure-1) PLEASE FILL OUT THE FORM IN CAPITAL LETTER IN ENGLISH



Date: D D M M Y Y Y Y			Bank Use Only		
	7		CIF Num	ber	
	Branch				
			Account Number		
1. Account Title :					
2. Name of the Applicant :					
(বাংলায়)					
In English (Block Letters)					
3. Relationship with the Account (Put $\sqrt{\ }$)					
\Box 1st Applicant \Box 2nd Applicant \Box 3	rd Applicant Partner	□ Director □ Minor	☐ Guardian		
☐ Signatory ☐ Trustee ☐ Attorney Holder ☐ Others					
4. Date of Birth : D D M M Y Y Y Y	5. Gender: □ Male □	☐ Female ☐ Third Ge	nder		
6. Nationality: □ Bangladeshi □ Others	(In case of foreign citizen	, copy of the passport with valid V	SA must be obtained)	Photo of nt / Signatory / Other's	
7. Resident Status: □ Residence □ Non-Residence (Instr	nctions of Guidelines for Foreign Exch	ange Transactions will be followed		nt / Signatory / Other s	
8. Email Address: USE CAPITAL LET	TER				
9. Contact No: Cell No.:					
Others :					
10. Father's Name :					
11. Mother's Name:					
12. Spouse's Name :					
13. Identity Document : NID Passport Birth Certificate Others (please specify)					
Number:			Expiry Date (where applicable):	M M Y Y Y Y	
14. Source of Income : ☐ Salary ☐ Rent ☐ Agriculture ☐ Own Business ☐ Gift/Inheritance/Retrun on Investment ☐ Others					
15. Details of Profession :					
☐ Public Service		siness (if ticked, specify	· · · · · · · · · · · · · · · · · · ·	☐ Housewife	
□ Private Service (if ticked, specify below) □ Proprietorship ○ Partnership ○ Limited Company □ Student ○ Multinational Organization ○ Local Organization □ Self-Employed □ Others □ Un-Employed					
	organization			La en Employee	
(a) Organization Name :		(b) Position/De	signation:		
(c) Nature/Type of Business : (d) Monthly Income :					
16. a. Present Address (Residence): Flat No./House/Holding No./Landmark:					
Road/ Village: Post Office:		Upazila /Thana:	District:	Country:	
b. Permanent Address : Flat No./House/Holding No./Landmark:					
Road/ Post	Post	Upazila	D		
Village: Office:		/Thana:	District:	Country:	
c. Correspondence Address : Flat No./House/Holding No./Landmark:					
Road/ Village: Office:		Upazila /Thana:	District:	Country:	

17. E-TIN No.:	
18. Proof of Return Submission: ☐ Yes ☐ No Return Submission	Year:
Foreign Account Tax Compliance Act (FATCA)	
Please put (√) in the applicable box below: 1. Are you a U.S. Citizen? □ Yes □ No	
2. Are you a U.S. Green Card Holder?	
3. Are you a U.S. Resident?	
my/our information with domestic or overseas regulators or tax authorities by domestic or overseas regulator or tax authorities, I/We consent and agree	or any of its affiliates (including branches) (collectively "the Bank") to share where necessary to establish my tax liability in any jurisdiction. Where required that the Bank may withhold from my account(s) such amounts as may be required otify the Bank within 30 calendar days if there is a change in any information
APPLICANT'S ACCEPTANCE	
I confirm that the information given above is true and complete and agree to o	comply with the rules governing customer accounts with ONE Bank PLC.
Signature of Applicant	
Signature of Applicant / Signatory	