

DOCUMENTATION REQUIRED

	Original Seen	Other
1. Valid Trade License Copy	NA	*
2. Valid Colored Passport Copy (for shareholders/signatories)	<input type="checkbox"/>	NA
3. Valid Colored Copy of UAE Emirates ID for Shareholders/Signatories (if available).....	<input type="checkbox"/>	NA
4. Memorandum & Article of Association with all Previous Amendments/Service Agency Agreement Copy (as applicable)	<input type="checkbox"/>	*
5. Valid Commercial Registration Copy (if applicable)	<input type="checkbox"/>	*
6. Valid Chamber of Commerce Certificate Copy (if applicable)	<input type="checkbox"/>	*
7. Valid Share Certificate Copy (if applicable)	<input type="checkbox"/>	*
8. Board Resolution/Shareholders Resolution (if applicable)	<input type="checkbox"/>	NA
9. Notarised Power of Attorney (if applicable)	<input type="checkbox"/>	*
10. Valid Company Ejari (Tenancy) Agreement Copy	NA	<input type="checkbox"/>
11. Address Verification for all Shareholders/Signatories (any one of the below) (not required for UAE Nationals):		
(a) Utility Bill (not older than 3 months)	NA	NA
(b) Tenancy Contract/Lease agreement	NA	*
(c) Recent Bank Statement (not older than 3 months)	NA	NA
12. Latest Audited Financial Statements/Tax Returns (if available)	NA	NA
13. Recent VAT Return (if available)	NA	NA
14. Company Bank Statement (if available & not older than 3 months)	NA	**

* All these documents must be verifiable via QR code/URL. If not, customer to provide originals for verification. Tenancy Contract/ Lease Agreement where online verification is not possible, the document to be self attested by the customer.

** First and last page of Bank Statement to be self attested by the customer

The above should be accompanied with the below Mandatory Documents signed by all shareholders/signatories.

	Submitted
1. Signatory Details	<input type="checkbox"/>
2. Signature Card	<input type="checkbox"/>
3. Declaration Beneficial Ownership.....	<input type="checkbox"/>
4. Schedule of Charges.....	<input type="checkbox"/>
5. Key Fact Statement (Current, Call).....	<input type="checkbox"/>
6. Key Fact Statement (Time Deposit), (if applicable)	<input type="checkbox"/>
7. Key Fact Statement (Account Services).....	<input type="checkbox"/>
8. KYC Profile	<input type="checkbox"/>
9. FATCA Declaration:	
(a) For Passive Entities Only: W-8BEN (Entity) & W-8BEN Form (from all shareholders/signatory/controlling persons).....	<input type="checkbox"/>
(b) For Active Entities Only: Self-Certification of US Person Status Form (from all shareholders/signatory/controlling persons)	<input type="checkbox"/>
10. W-9 Form for US Persons (if applicable)	<input type="checkbox"/>
11. CRS Self-Certification Form Business (for Passive Entities only)	<input type="checkbox"/>
12. CRS Self-Certification Form Person (from all shareholders/signatory/controlling persons)	<input type="checkbox"/>
13. TIN (Tax Identification Number) Document	<input type="checkbox"/>
14. DNFBP Questionnaire, (if applicable)	<input type="checkbox"/>

BUSINESS CATEGORY

Choose any one:

SME

(turnover < AED 100 Million per annum)

Commercial

(turnover > AED 100 < AED 250 Million per annum)

Corporate

(turnover > AED 250 Million per annum)

Note: Please ask for specific checklist if the relationship type is Underformation or Foundation.

Applicant 1 Signature	Applicant 2 Signature	Applicant 3 Signature	Applicant 4 Signature

FOR OFFICE USE

Reviewed by CS/Business:

Signature _____

Name _____

Date dd/mm/yyyy

Checked by CAO:

Signature _____

Name _____

Date dd/mm/yyyy

FOR REGULATORY PURPOSE (FATCA & CRS)Is this company an active Non-Financial (NFE) entity? No YesIs this company a DNFBP? No Yes (if yes, please fill the DNFBP Questionnaire)**Note:**

- » An 'Active NFE' is a company conducting an operating business and is mainly engaged in a manufacturing or commercial business. More than 50% of the entity's gross income arise from a non-financial business activity, and less than 50% of the entity's assets are held for the production of Passive Income.
- » 'Financial Business Activity' means: trading, individual or collective portfolio management, otherwise investing, administering or managing funds, money or financial assets for customers or clients.
- » 'Passive Income' means: Interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property, etc.
- » 'Designated Non-Financial Businesses and Professions (DNFBPs)' are subject to Anti-Money Laundering (AML) and Counter-Terrorist Financing (CTF) regulations. Such companies are required to implement additional measures. Please refer to DNFBP questionnaire.

OPERATING INSTRUCTIONSSignature Instructions Singly Jointly (all to sign)**TYPE OF ACCOUNTS**

Account Types	Currency
<input type="checkbox"/> Current	<input type="checkbox"/> AED <input type="checkbox"/> CHF <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> OTHER _____
<input type="checkbox"/> Call	<input type="checkbox"/> AED <input type="checkbox"/> CHF <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> OTHER _____
<input type="checkbox"/> Time Deposit	<input type="checkbox"/> AED <input type="checkbox"/> CHF <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP <input type="checkbox"/> CAD <input type="checkbox"/> OTHER _____

DECLARATION

I/We, hereby apply for account opening and banking services detailed in this application form and confirm that the details provided in this application form are true and correct. I/We, hereby confirm that:

- i. I/We, agree to the Schedule of Charges (SOC) which are available on Bank's website.
- ii. I/We, hereby consent that the information supplied relating to me/us, my/our account/s with the Bank may be disclosed as may required by law, court order or competent authority or agency under the provisions of applicable laws, usage and customs and/or otherwise to safeguard the interests of the Bank and that such disclosure may be transmitted electronically.
- iii. I/We, hereby provide consent to the Bank for contacting any 3rd parties for obtaining information for due diligence under the Bank's internal/external regulatory requirements.
- iv. I/We, provide consent to the Bank or its authorised representative to contact me/us on the contact details provided or visit on the address updated with the Bank.
- v. I/We, undertake to inform Habib Bank AG Zurich of any changes in my/our contact details and/or address promptly, failing which the Bank will not be responsible for any consequences resulting from the lack of communication or notification.
- vi. I/We, authorise Habib Bank AG Zurich or its authorised representative to send documents, securities, legal notices or any other relevant documentation to the address mentioned in this application or as updated from time to time.
- vii. I/We, undertake to legalise and attest all documents executed outside the geographical boundaries of the UAE by the concerned local authorities, the consulate/embassy of the UAE which has jurisdiction over the location where the execution of documents took place and the Ministry of Foreign Affairs in the UAE or any other competent authorities or bodies.
- viii. I/We, consent that Habib Bank AG Zurich UAE outsources some of its processing functions.
- ix. I/We, understand that this account opening form will be valid once signed in the UAE by authorised of Habib Bank AG Zurich, UAE.

 I/We, hereby declare that I/We, am/are aware of, and agree to be bound by, the Bank's General Terms and Conditions. The General Terms and Conditions are available on the Bank's website at all times for reference.

Applicant 1 Signature	Applicant 2 Signature	Applicant 3 Signature	Applicant 4 Signature

FOR OFFICE USEBranch DER COR PAR ALF SHJ SZR AQS JEB

Bank officer declaration: I have verified the Applicant on the basis of all documents submitted & I am satisfied with the identity of the Applicant(s) who was met in person.

Marketed By _____

Deputy RM _____

Relationship Manager _____

Branch/LM/Other _____

EID Validation: Yes Voucher # _____ | dd/mm/yyyy No To Be Done Partial Voucher # _____ | dd/mm/yyyy

Signature _____ dd/mm/yyyy

Signature _____ dd/mm/yyyy

