



Branch

Date

Personal Details

Additional applicant 1

Additional applicant 2

Business position

- Director
- Authorised Signatory
- Other
- Secretary
- Shareholder

- Director
- Authorised Signatory
- Other
- Secretary
- Shareholder

*if other, please specify*

Existing customer

*if yes, please complete branch and account number*

- Yes  No

- Yes  No

Branch

Account number

Prefix

*if other, please specify*

- Mr  Mrs  Miss  Ms  Dr  Other

- Mr  Mrs  Miss  Ms  Dr  Other

First name

Middle name

Surname

Gender

- Male  Female

- Male  Female

Marital status

*if other, please specify*

- Single  Married  Other

- Single  Married  Other

Nationality

Dual Nationality 1

Dual Nationality 2

Date of birth (DD/MM/YYYY)

City of birth

Country of birth

Profession

Type of ID Other

*if other, please specify*

- Passport  UK Driving Licence  Other

- Passport  UK Driving Licence  Other

ID number

ID expiry date (DD/MM/YYYY)

Are you a UK resident

*if other, please specify*

- Yes  No  Other

- Yes  No  Other

Are you registered on the UK voters roll

*if no, do you have any County Court Judgements (CCJs)*

- Yes  No

- Yes  No

Visa details where applicable

Visa type

Visa reference number

Visa expiry date (DD/MM/YYYY)

Residential Address	Additional applicant 1	Additional applicant 2
Number / Name / Street Number	<input type="text"/>	<input type="text"/>
City / County / State	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Postcode / Zip code	<input type="text"/>	<input type="text"/>
Date moved to this address (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Proof of address (dated within 3 months)	<input type="checkbox"/> Utility bill <input type="checkbox"/> Council tax bill <input type="checkbox"/> Bank statement <input type="checkbox"/> Driving licence <input type="checkbox"/> Government Issued document	<input type="checkbox"/> Utility bill <input type="checkbox"/> Council tax bill <input type="checkbox"/> Bank statement <input type="checkbox"/> Driving licence <input type="checkbox"/> Government Issued document
<i>please specify government issued document</i>	<input type="text"/>	<input type="text"/>

Please give your previous address if you've been at your present address for less than three years.

Number / Name / Street Number	<input type="text"/>	<input type="text"/>
City / County / State	<input type="text"/>	<input type="text"/>
Country	<input type="text"/>	<input type="text"/>
Postcode / Zip code	<input type="text"/>	<input type="text"/>
Date moved to this address (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Personal contact details</b>	<input type="text"/>	<input type="text"/>
Phone (mobile)	<input type="text"/>	<input type="text"/>
Phone (work)	<input type="text"/>	<input type="text"/>
Phone (residence)	<input type="text"/>	<input type="text"/>
Email address	<input type="text"/>	<input type="text"/>



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Registered office: Habib House, 42 Moorgate, London EC2R 6JJ.  
Registered in England and Wales: Company registered number: 08864609.

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