



Branch

Branch selection box with dropdown and input fields

Date

Business Account (Please complete in BLOCK CAPITALS)

I / We wish to open (please tick)

Sirat Current Account (Qard Hassan)

Radio buttons for GBP, USD, EUR, Other

Sirat Fixed Term Deposit (Wakala)

Radio buttons for GBP, USD, EUR, Other

If you've selected the above, please complete the Fixed Term Deposit Application Form

Sirat Savings Account (Wakala)

Radio buttons for GBP, USD, EUR, Other

If you've selected the above, please complete the Savings Account Form

Account title

Account number (Bank to supply)

Category (Type of business)

Radio buttons for Sole proprietor, Partnership, Private Limited Company, Public Limited Company, Limited Liability Partnership, Trust Account, Registered Charity

if other, please specify

Country of incorporation / formation

Country of operations

Complete only if different from 'Country of incorporation'

Date of incorporation (DD/MM/YYYY)

Date input fields

Registration number

Nature of business

Registered address

Number / Name / Street

City / County / State

Country

Postcode / Zip code

Trading address (if different from registered)

Number / Name / Street

City / County / State

Country

Postcode / Zip code

Tax Status

Please choose one option

- Your business derives more than 50% of its income from manufacturing, commercial business and/or creation sale of goods/services
- Your business derives more than 50% of its income from interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc
(Please complete Tax Status Declaration Form)

Was your business established or is it resident for tax outside the UK? (please provide details of tax residences below)

Yes No

Country 1

TIN/functional equivalent

Country 2

TIN/functional equivalent

Country 3

TIN/functional equivalent

If a TIN is unavailable, please provide the appropriate reason A, B or C:

Reason A: *The jurisdiction where the entity is a resident for tax purposes does not issue TINs to its residents*

Reason B: *The entity is unable to obtain a TIN. Explain why the entity is unable to obtain a TIN if you have selected this reason*

Reason C: *TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed*

Reason A Reason B Reason C

If you have selected Reason B, then please explain why:

If the account holding Entity is not a tax resident in any jurisdiction due to the fact that it is fiscally transparent, please indicate the jurisdiction in which its place of effective management is situated.

Yes N/A

Declarations and Undertakings

1. For the duration of the contractual relationship with the Bank, I/We hereby confirm that I/We undertake to notify the Bank on my /our own initiative, if a change in circumstances makes any information on this account opening form signed by us (which for the purposes of this clause we shall call the "Form" and any other relevant form(s), where appropriate, incorrect and undertake to provide a suitably updated form within 30 days of such change.
2. I/We understand and acknowledge that you may provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or has similar power over us for tax purposes, a copy of this Form and any other relevant form(s), where appropriate and may disclose to such tax authorities or such party any additional information that you may have in your possession. I/We understand and acknowledge that information contained in this Form and information regarding income paid or credited to or for the benefit of the account(s) with us may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information to the country or countries in which the Entity and/or the Controlling Persons of Passive NFEs is/are resident for tax purposes pursuant to and in accordance with the relevant tax regulations.
3. I/We understand and acknowledge that you may provide, directly or indirectly, a copy of the form and any other relevant form(s), where appropriate and information relating to the account(s) with us, as required by law, to: (i) any person that has control, receipt, or custody of income to which this Form and any other relevant form(s), where appropriate relates; (ii) any person that can disburse or make payments of income to which this Form and any other relevant form(s), where appropriate relates; or (iii) any party authorised to audit or conduct a similar control of the account holder(s)/Controlling Person(s) for tax purposes.
4. Further, I/We understand and acknowledge that reporting and/or disclosure consequences may occur, if I/We fail to comply with my/our obligations to submit the necessary forms and/or documentation following a change in circumstances.
5. I/We confirm that all the assets deposited with the Bank are fully declared and subject to regular income / wealth taxation where the Account Holder and – as the case may be - the Controlling Person(s) of Passive NFEs is/are required to pay taxes in accordance with the relevant tax regulations.
6. I/We further confirm that the account holding Entity has been established for legitimate commercial reasons and that any and all transactions, in which the Bank is to provide banking services, are effected for the same reasons. Neither the account holding Entity nor any transaction, in which the Bank is to provide banking services, forms or is intended to form part of a scheme or an arrangement for which the main purpose, or one of the purposes, is the illegal avoidance of tax liability in the relevant tax jurisdiction(s).
7. I/We declare that I/We have examined the information on this Form and any other relevant form(s), where appropriate and to the best of our knowledge and belief it is true, correct, and complete.

Personal Details

First applicant

Second applicant

Business position

- Director Secretary
 Authorised Signatory Shareholder
 Other

- Director Secretary
 Authorised Signatory Shareholder
 Other

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	First applicant	Second applicant
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"/>
Personal contact details		
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"/>

Account operation

Account operation	<input type="checkbox"/> Single <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Jointly <input type="checkbox"/> Other
<i>if other, please specify</i>	<input type="text"/>

Correspondence address

Correspondence address	<input type="text"/>
Postcode / P.O. Box	<input type="text"/>

Type of services

Cheque book	<input type="checkbox"/> Yes <input type="checkbox"/> No
Statement (please select one)	<input type="checkbox"/> Paper statement <input type="checkbox"/> E-statement
<i>if E-statement, please provide email address</i>	<input type="text"/>
Statement frequency	<input type="checkbox"/> Monthly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Annually
Internet banking	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please note that mobile number and the email address is a mandatory requirement for HBZ Internet Banking Service.

Mobile number	<input type="text"/>
Email address	<input type="text"/>

You can register for your online banking (web and mobile) by clicking on the Register button by visiting the HBZ site at <https://habibbank.com/gb/>. If you require any assistance, please contact your Relationship Manager/Branch/Customer Services.

GSM services

Balance enquiries	<input type="checkbox"/> Daily Balance <input type="checkbox"/> All debit balance <input type="checkbox"/> Credit balance only
Transaction enquiries	<input type="checkbox"/> All transactions <input type="checkbox"/> All debit transactions <input type="checkbox"/> All credit transactions
Other enquiries	<input type="checkbox"/> Other bank's cheque cleared <input type="checkbox"/> Other bank's cheque returned <input type="checkbox"/> Your cheque returned <input type="checkbox"/> Your cheque cleared
Accept Email Instructions	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>if yes, it is mandatory to have GSM Mobile Debit Notification</i>	Mobile number <input type="text"/>

Introduction / reference

Name of Introducer (Bank details if applicable) of individual / entity who maintains account with our Bank:

Branch

Account number

Declaration of identity of the beneficial owner

I / We the contracting partner hereby declare that the individual(s) / partnership(s) legal (entities) listed below is / are the beneficial owner(s) of the assets, deposited under the above relationship. If the contracting partnership is also the sole beneficial owner of the assets, the contracting partner's details must be set out below.

First Name, Sir Name / (Company Name) % Date of Birth Nationality Residential/Registered Address

First Name, Sir Name / (Company Name)	%	Date of Birth	Nationality	Residential/Registered Address

The contracting partner undertakes to automatically inform the bank of any changes.

I / We confirm that to the best of my / our knowledge and belief the information given above is correct. I / We agree to provide the Bank with any additional documentation which the Bank requires. I / We undertake to advise the Bank immediately of any changes affecting the above information. I / We authorise the Bank to make such enquiries and to take up such references as it may consider necessary with regard to the opening of such account.

I'd like to receive exclusive news and marketing material by email / post from Habib Bank Zurich plc Yes No

Declaration

By signing this Account Opening Form, you will become legally bound by the Bank's General Banking Terms and Conditions for Sirat Business Accounts including consent to share and data transfer in the relevant clauses. For your own benefit and protection you should read these terms carefully before signing this Account Opening Form. If you do not understand any point please ask for further information. *(Authorised signatories to sign)*

Name

Signature

Name

Signature

For official use only

Account Opening Officer

Relationship / Branch Manager

Signature

Branch

Date

			/				/				

Dear Sir,

YOUR APPOINTMENT AS BANKERS OF OUR COMPANY:

We confirm that in the Board of Directors Meeting of our Company, the following Resolution was passed and entered in the Minute book.

“ IT WAS RESOLVED:

- a. That an account or accounts be opened with **Habib Bank Zurich plc** with the instructions:
 - (i) to honour and comply with all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders which may be drawn, accepted, made or given on behalf of this Company at any time or times whether the account or accounts of this Company be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit,
 - (ii) to honour and comply with all instructions to deliver or dispose of any securities or documents or property whether held as security or for safe custody by the Bank on behalf of the Company,
 - (iii) to treat all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders as being endorsed, if required, on behalf of the Company and to discount or otherwise deal with them,
 - (iv) to treat for and on behalf of the Company applications for financing / credit / debit card / internet banking and banking facilities including opening of letters of credit of any kind or Bank guarantees of Bonds of any kind, or instructions for sale of purchase of Foreign Exchange.

Provided that such cheques, bills, drafts, promissory notes, acceptances, negotiable instruments, or documents are signed by any of the following directors or Officers as stated below:

Names	Designation	Operation singly or jointly	Signature

- b. That a director of a Company has full authority in accordance with the Memorandum & Articles of Association; for and on behalf of the Company to arrange with the Bank from time to time banking or finance facilities whether secured or unsecured and to mortgage or charge all or any of the assets of the Company including goodwill and uncalled capital and to sign on behalf of the Company any documents from time to time required by the Bank relating to or for securing any liabilities of the Company to the Bank, and to sign any guarantees, indemnities or counter indemnities or other undertakings to the Bank.
- c. That the Bank be furnished with a copy of the Company’s Memorandum and Articles of Association / Constitutional Documents and with copies of any amending special resolutions that may from time to time be passed.
- d. That the Bank be furnished with a list of the names of the directors, secretary and other officers of the Company and specimen signatures of authorised signatory on the account.
- e. That the resolutions shall be communicated to the Bank and remain in force until an amending resolutions shall be passed by the Board of Directors and a copy thereof certified by any two directors and the secretary shall be communicated to the Bank. “

2. We hereby certify the above Resolution to be a true copy from the Minutes of a properly and duly held meeting on

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	Chairman / Director	Relationship / Branch Manager
Signature 1		
Signature 2		



Habib Bank AG Zurich is the trading name of Habib Bank Zurich plc.

Registered office: Habib House, 42 Moorgate, London EC2R 6JJ.

Registered in England and Wales: Company registered number: 08864609.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority
and the Prudential Regulation Authority under registration number 627671.

Habib Bank Zurich plc is covered by the Financial Services Compensation Scheme.