

Non-Individual Application Form

Instructions

- This form should be completed by non-individual clients initiating a relationship with Al Salam Bank.
- All fields need to be completed. Areas that are not applicable should be marked with N/A.
- Any mistakes made while completing the form should be crossed out and countersigned. The use of correction fluid is not permitted.
- In order to process this application, the relevant documents, as per the ASBS Document Requirements, must be provided with the completed application form. Inadequate supporting documents could result in the account opening process being delayed.
- In line with other financial institutions, we are required by law to verify the identity of our clients before the account can be opened. If you have difficulty in supplying any documentation, please contact us to discuss available options (if any).

Important note on certification requirements

- For security reasons, we recommend that you send certified copies of documents instead of originals as the Bank cannot be held responsible for their safe receipt and/or return.
- Certification should be carried out by a suitable person such as a registered lawyer, registered notary, a chartered/certified accountant, a member of a recognized Professional Body (at the Bank's discretion), a Senior Official of an Embassy or Consulate, a Bank Manager, a Senior Member of the Judiciary, a Senior Postmaster (UK only), with complete details.
- The certifier must be active in one of the above professions (must not be retired), and not be a family member or close associate or have any links or interest in the account being opened.
- The certifier must indicate his/her position or capacity as certifier (i.e. an indication that he/she is a lawyer, etc.) and date and stamp the certified copy with his/her business stamp or provide certification on business stationary.
- If original documents are sighted by an ASBS Bank Officer, the Bank Officer must certify the copy stating "Original Seen". This must be signed, dated and the name of the officer provided.
- Any document provided to the Bank shall be in English. Documents in a language other than English must be translated by a certified translator or an authority acceptable to the Bank. The translator must provide the full and complete details, and date and stamp the translated documents with his/her business stamp or provide translation on business stationary. The bank reserves the right not to accept a translated document if translation is unclear.
- Certification and/or translation of documents must not be older than 6 months.

SECTION 1 - Company Details

Legal status SME (Domestic) Domestic company Private company (International)
 Listed company Other (Please specify) _____

Full name of entity _____

Previous company name (if any) _____

Name of parent company (if any) _____

Country of incorporation _____ Date of incorporation

Nature of business (Please provide full description of business activity, refer to section 4) _____

SECTION 2 - Contact Details

Registered address _____

City _____ Town _____

Country _____ Telephone number _____

Postal/Zip code: _____ Fax number _____

Mailing address _____

City _____ Town _____

Country _____ Telephone number _____

Postal/Zip code: _____ Fax number _____

Trading/Operating address _____

City _____ Town _____

Country _____ Telephone number _____

Postal/Zip code: _____ Fax number _____

Address to be shown on Documents Registered address Mailing address Trading / Operating address

Contact person: (Authorised Signatory Only) _____

Telephone number _____ Mobile number _____

Email address _____

SECTION 3 - Additional Company Details

Regulatory body _____
(e.g. FSA Seychelles)

Name of auditor _____
(if any)

Authorised capital _____ Issued capital _____
(SCR/USD/EUR/GBP) (SCR/USD/EUR/GBP)

SECTION 4 - Business Plan

Full description of intended activities/trade, including products and services being sold/provided. If the Company will act as a Holding Company, please provide name and line of business of the investee Company. Please describe what assets it will acquire and hold. (Use additional sheets if required)	
Please provide website** (if any)	
List all Countries in/with which your business will be trading	
Is the Company linked/associated with an existing ASBS account? If yes, please provide the name(s) of the Company(ies)	
Specify amount of anticipated monthly transactions <input type="checkbox"/> SCR <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP	CREDITS _____ DEBITS _____
Expected number of monthly transactions in/out of the account (approximate)	CREDITS _____ DEBITS _____
Expected Annual Turnover of the Company (approximate)	
Provide a three year financial forecast of the Company (approximate)	Year 1 _____ Year 2 _____ Year 3 _____
Name of main suppliers and their location	

**For Online Businesses, please provide an Internet Undertaking i.e. an undertaking to ensure that the Company or Business will not engage in pornography, online adult chat room, gambling/betting/casinos and online gaming.

SECTION 5 - Company Structure

ULTIMATE BENEFICIAL OWNER(S) & BENEFICIAL OWNER(S)

Name (as per Passport/ID)	Passport/ID number	Country of residence	Nationality	Contact number	Signature

PARTNER(S)/SHAREHOLDER(S)/SETTLOR(S)/FOUNDER(S) INFORMATION Provide the relevant Register(s)

Name (as per Passport/ID or COI)	Passport/ID number	Country of residence/Incorporation	Nationality/Incorporation	Contact number	Signature

DIRECTOR(S)/COUNCILLOR(S)/TRUSTEE(S)/PROTECTOR(S) INFORMATION Provide the relevant Register(s)

Name (as per Passport/ID or COI)	Passport/ID number	Country of residence/Incorporation	Nationality/Incorporation	Contact number	Signature

SECTION 6 - Account Details

Type of account Current Fixed deposit

Currency SCR USD EUR GBP

Initial deposit amount Mode of payment Cash Funds transfer Cheque (Resident clients)

Source of initial deposit
(Please provide details where Initial deposit amount will be derived from (supporting documents may be requested))

SECTION 7 - Services Required

VISA debit card Internet banking Cheque book (Resident clients only) *Please complete the applicable Visa debit card and Internet banking forms*

Bank statements (Select as appropriate)

Frequency Monthly Quarterly Half yearly Yearly

Delivery instructions Registered address Mailing address Email

SECTION 8 - Authorised Signatory(ies)

The name(s) and signature(s) appearing below are authorised to operate this account

Any one Any two Any three Other _____

Name (as per Passport/ID)	Passport/ID number	Nationality	Specimen signature

SECTION 9 - Politically Exposed Persons (PEP)

Full name of client _____

Is the client a PEP?

 Yes No

If yes, please provide details _____

Source of wealth

Estimated value of assets

Estimated value of liabilities

Is the client wassociated to PEP?

 Yes No

If yes, please provide details _____

Is anyone (other than the above) associated to the account a PEP?

 Yes No

If yes, please provide details _____

Declaration

I hereby further confirm that the information provided above is true, accurate and complete.

I agree and undertake to notify the Bank within thirty (30) calendar days if there is a change in any information provided to the Bank.

Signature(s) of Individual(s)

Date

SECTION 10 - Declaration of Ultimate Beneficial Owner (if applicable)

To be signed by each Individual Ultimate Beneficial Owner(s) of the Company for which the application is being submitted.

I/We the undersigned, _____

Of _____

hereby confirm that, I/We am/are the sole Ultimate Beneficial Owner(s) of the above stated Company. I/We, additionally confirm that no other Ultimate Beneficial Ownership in this Company is held either directly or indirectly by any other person(s) or separate corporate entity.

I/We agree and undertake to notify the Bank within 30 (thirty) calendar days if there is any change in the information provided to the Bank.

Signature(s) of Individual(s)

Date

SECTION 11 - Foreign Account Tax Compliance act (FATCA) Declaration

Please read the following instructions carefully before filling out this analysis sheet. The analysis of US Status of Corporate Accounts is arranged in seven (7) sections. Please answer the questions with YES or NO. Continue to the next section every time your answer is NO until you reach the section to which your answer is YES. Then stop and sign the analysis.

No.	US Status evaluation criteria	
I	Is the entity a Financial Institution or a subsidiary of a Financial Institution	<input type="checkbox"/> Yes <input type="checkbox"/> No
II	Is the entity Non-US? Does it satisfy all the statement below? <ul style="list-style-type: none"> • Incorporated outside USA • Has no US status indicators² • All controlling persons of the entity are Non-US persons (not US Citizen or tax residents) 	<input type="checkbox"/> Yes <input type="checkbox"/> No
III	Is the entity a Non-Financial Foreign Entity (NFFE) exempt under FATCA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IV	Is the entity a US Owned Non-Financial Foreign Entity (NFFE) if 50% or more of the income and assets of the entity are used in generating active business income	<input type="checkbox"/> Yes <input type="checkbox"/> No
VI	Does the entity have any US Indicia? <ul style="list-style-type: none"> • US Address • US Telephone number • Power of Attorney or signature authority in favor of a person with US address • Standing Instructions to transfer money to an account with US address • "Hold" or "care of" US mail address as the only address 	<input type="checkbox"/> Yes <input type="checkbox"/> No
VII	Is the entity a specified US Person? Incorporated in USA and not exempt from FATCA	<input type="checkbox"/> Yes <input type="checkbox"/> No

Declaration

I/We hereby confirm the information provided above is true, accurate and complete.

Subject to applicable local laws, I/We hereby consent for ASBS to share our information with domestic or overseas regulators or tax authorities where necessary to establish our tax liability in any jurisdiction.

I/We agree and undertake to notify the Bank within 30 (thirty) calendar days if there is any change in the information provided to the Bank.

Signature(s) of Individual(s)

Date

¹ Financial Institutions refer to banks, investment companies, custodial institutions and Life Insurance Companies offering cash value life insurance products

² US Status Indicators (Indicia) include US address, US telephone number, Power of Attorney or signature authority in favor of a person with US address, Standing Instructions to transfer money to an account with US address and Hold mail address as the only address.

SECTION 12 - OECD Entity Tax Residency Self-Certification (non-residents)

Name of entity _____

	Country (ies) of tax residence	Tax identification number (TIN) / Global intermediary identification number (GIIN)	If TIN not available, please state why
1			
2			
3			

I/We declare that the information provided above are, to the best of my/our knowledge and belief, correct and complete. I/We acknowledge that this information may be provided to the tax authorities in Seychelles and exchanged with tax authorities of the countries in which the entity is tax resident of, pursuant to intergovernmental agreements to exchange financial account information. I/We agree and undertake to notify the Bank within thirty (30) calendar days if there is a change in any information provided to the Bank.

Signature(s) of Director(s)

Date

SECTION 13 - OECD Controlling Interest Person Tax Self-Certification

This section should be completed by the Individual with the controlling interest in the entity.

Name of controlling person _____

	Country (ies) of tax residence	Tax identification number (TIN)	If TIN not available, please state why
1			
2			
3			

I declare that the information provided above are, to the best of my knowledge and belief, correct and complete. I acknowledge that this information may be provided to the tax authorities in Seychelles and exchanged with tax authorities of the countries in which I am tax resident of, pursuant to intergovernmental agreements to exchange financial account information. I agree and undertake to notify the Bank within thirty (30) calendar days if there is a change in any information provided to the Bank.

Signature(s) of Individual(s)

Date

SECTION 14 - Declaration For Bank Account

The details and information provided in these forms are true to the best of my/our knowledge and ability. The general terms and conditions; and the tariff and commission schedule that apply, has been read and understood and I/we expressly agree to abide by them and any new Terms & Conditions that may come into effect from time to time as advised by the Bank, by mail to my/our last recorded address and/or displayed conspicuously on the Bank's premises.

I/We undertake to regularly provide the Bank with renewed and/or updated documents that need to be provided to keep the relationship regularised in addition to the stated Bank's Terms and Conditions.

I/We hereby confirm that I/we will not be involved in or use the account for money laundering, drug trafficking, terrorist activities/financing and/or pornography.

I/We am/are aware specifically that the transactions in the account need to be transparent, legitimate and can be supported at all times with an appropriate documentation.

Authorised signatory

Date

Authorised signatory

Date

Authorised signatory

Date

Client information

Kindly note that the Bank reserves the right to accept, reject or decline any application at its reasonable discretion without assigning reason whatsoever. To ensure that the latest details about the client are available, the Bank periodically updates the client identification date, based on the risk category of clients. As such, the Bank reserves the right to request for any additional details/documents as and when required. This is to confirm that the account is not being used for any Anti-Money Laundering/Terrorist/Criminal activities. The Bank can decline the application of any prospective client and also exit the relationship with any existing client without giving any specific reasons for doing so.