

Instructions

- This form should be completed by individual customers initiating a relationship with Al Salam Bank Seychelles Limited (ASBS).
- 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 customers 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.

SECTION 1- Personal Details

	<input type="checkbox"/> New customer	<input type="checkbox"/> Existing customer	Please state account number _____
Title	<input type="checkbox"/> Dr	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss
Surname	_____		First name _____
Middle name	_____		Nationality _____
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
ID / Passport number	_____		Place of birth _____
			Expiry date <input type="text" value="D"/> <input type="text" value="D"/>
			<input type="text" value="M"/> <input type="text" value="M"/>
			<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>

SECTION 2 - Contact Details

Residential address	_____		
City	_____	Town	_____
Country	_____	Years at address	_____
Residency status	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented	<input type="checkbox"/> Mortgaged
	<input type="checkbox"/> Living with relatives	<input type="checkbox"/> Other	_____
Home telephone number	_____		Mobile number 1 _____
Work telephone number	_____		Mobile number 2 _____
Email address	_____		
Mailing address	_____		Town _____
City	_____	Country	_____

SECTION 3- Employment Details

Employment status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self employed	<input type="checkbox"/> Retired
	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Other _____
Employer's details (In case of employed applicants)			
Employer's name	_____		
Physical address	_____		
City	_____	Town	_____
Country	_____	Telephone number	_____
Date of employment	_____	Occupation	_____
Name of the previous employer <i>(if less than 1 year with current employer)</i>	_____		
Business/Company details (In case of self employed Applicant)			
Business name	_____	Nature of Business	_____
Registration number	_____	Date of Registration	<input type="text" value="D"/> <input type="text" value="D"/>
			<input type="text" value="M"/> <input type="text" value="M"/>
			<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
Physical address	_____		
City	_____	Town	_____
Country	_____	Telephone number	_____

SECTION 4- Personal Details (for joint accounts – applicant 2)

New customer Existing customer Please state account number _____
Title Dr Mr Mrs Ms Miss
Surname _____ First name _____
Middle name _____ Nationality _____
Date of birth Place of birth _____
ID / Passport number _____ Expiry date

SECTION 5 - Contact Details (for joint accounts – applicant 2)

Residential address _____
City _____ Town _____
Country _____ Years at address _____
Residency status Owned Rented Mortgaged
 Living with relatives Other _____
Home telephone number _____ Mobile number 1 _____
Work telephone number _____ Mobile number 2 _____
Email address _____
Mailing address _____ Town _____
City _____ Country _____

SECTION 6- Employment Details (for joint accounts – applicant 2)

Employment status Employed Self employed Retired
 Student Unemployed Other _____

Employer's details (In case of employed applicants)
Employer's name _____
Physical address _____
City _____ Town _____
Country _____ Telephone number _____
Date of employment _____ Occupation _____
Name of the previous employer _____
(if less than 1 year with current employer)

Business/Company details (In case of self employed applicant)
Business name _____ Nature of Business _____
Registration number _____ Date of Registration
Physical address _____
City _____ Town _____
Country _____ Telephone number _____

SECTION 7- Personal Details (for minor savings account – residents only)

New customer Existing customer Please state account number _____
Title Master Miss
Surname _____ First name _____
Middle name _____ Nationality _____
Date of birth Place of birth _____
ID / Passport number _____ Expiry date

SECTION 8 - Parent/Guardian Details (for minor savings account – residents only)**Father's Details**

Surname _____ First name _____
Middle name _____ Nationality _____
Date of birth Place of birth _____
ID / Passport number _____ Expiry date
Residential address _____
Home telephone number _____ Mobile number 1 _____
Work telephone number _____ Mobile number 2 _____
Email address _____
Employer's name _____ Occupation _____

Mother's Details

Surname _____ First name _____
Middle name _____ Nationality _____
Date of birth Place of birth _____
ID / Passport number _____ Expiry date
Residential address _____
Home telephone number _____ Mobile number 1 _____
Work telephone number _____ Mobile number 2 _____
Email address _____
Employer's name _____ Occupation _____

Guardian's Details (if account is being opened by a guardian)

Surname _____ First name _____
Middle name _____ Nationality _____
Date of birth Place of birth _____
ID / Passport number _____ Expiry date
Residential address _____
Home telephone number _____ Mobile number 1 _____
Work telephone number _____ Mobile number 2 _____
Email address _____
Employer's name _____ Occupation _____
Relationship to Minor _____

SECTION 9- Account Details

Please select the type of account(s) required Current account Minor savings account Savings account Fixed deposit accounts
(Residents only)
For Fixed Deposit Accounts, please complete the Fixed Deposit Account Form separately
ASBS Special Bronze savings Silver savings Gold savings Platinum savings
Please select Currency(ies) of Account(s) to be opened SCR USD EUR GBP
Purpose of account _____
Statement of account frequency Monthly Quarterly Half-Yearly Annually

SECTION 10 - Services Required

Internet banking
 Debit card
 Cheque book (Resident customers only)
 Mobile banking
 SMS

SECTION 11 - Transaction Details

Initial deposit amount

SCR/USD/EUR/GBP _____

Please provide details where Initial Deposit Amount will be derived from (supporting Documents may be requested):

Source of funds Salary Business Other _____

Monthly salary/Income SCR/USD/EUR/GBP _____

Any additional revenue SCR/USD/EUR/GBP _____

Anticipated Monthly Transactions

Currency	Credit (Inward)		Debit (Outward)	
	Amount	Number	Amount	Number
SCR				
USD				
EUR				
GBP				

Annual Income/Revenue (SCR/USD/EUR/GBP) 0-50K 50K-100K 100K-250K 250K +

SECTION 12- Authorised Signatories

Please confirm the preferred mode of operation Any One Jointly

Specimen signature

Name _____

Signature

Date

Name _____

Signature

Date

Name _____

Signature

Date

Joint Authorisation

For Joint accounts with single signatory rights (any one), please specify whether there is a prescribed limit that would require the signatures of both signatories:

No Prescribed Limits _____

Prescribed Limit SCR _____ USD _____ EUR _____ GBP _____

SECTION 13- Politically Exposed Persons (PEP)

Full name of customer _____

Is the Customer a PEP? Yes No

If yes, please provide details _____

Source of Wealth

Estimated value of assets

Estimated value of liabilities

Is the customer associated 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

Date

SECTION 14- Foreign Account Tax Compliance act (FATCA) Declaration

In case of joint accounts, please complete this section for each Applicant.

Name of Customer _____

Telephone number in USA _____ Mobile number in USA _____

Address in USA (incl. PO Box) _____

I hereby confirm that I am

A US Citizen Yes No

A US Resident Yes No

A US Green Card Holder Yes No

I 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.

I agree and give consent to the Bank to share my information with domestic and overseas regulators or tax authorities where necessary.

Signature(s) of Individual(s)

Date

SECTION 15- OECD Tax Residency Self-Certification (non-residents only)

In case of joint accounts, please complete this section for each applicant.

Name of customer _____

	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 16- 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

Customer 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 customer are available, the Bank periodically updates the customer identification date, based on the risk category of customers. 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 money laundering, terrorist or criminal activities. The Bank can decline the application of any prospective customer and also exit the relationship with any existing customer without giving any specific reasons for doing so