

Individual Application Form

Instructions

- This form should be completed by 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.

SECTION 1 - Personal Details

	<input type="checkbox"/> New client	<input type="checkbox"/> Existing client	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"/>	Place of birth	_____	
ID / Passport number	_____		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 client Existing client 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 10 - Services Required

Internet banking
 Debit card
 Cheque book (Resident client 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 client _____

Is the client PEP? Yes No

If yes, please provide details _____

Source of Wealth

Estimated value of assets

Estimated value of liabilities

Is the client 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 client _____

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 client _____

	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

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 money laundering, terrorist or 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.