

## Sole Trader Account Opening Form

Bank use only

New Account No.

CIF

Employee ID

☐ KYC requirements previously met

### Customer Details

Existing Customer?

Yes ☐ No ☐

Resident Status?

Resident ☐ Non-resident ☐

Given Names

Surname

Any other names known by

Date of Birth (dd/mm/yyyy)

Gender

Marital Status

Permanent Residential Address (not a PO Box)

Mailing Name and Mailing Address

Contact Phone Number

Email Address

Nationality/place of birth

National ID No.

Birth Certificate No.

Passport No.

Occupation

Employer Name

Employer Address

Work Phone No.

Start Date (dd/mm/yyyy)

Salary (annual)

Source of Funds

(Select only one option below)

- ☐ Commission
- ☐ Bonus
- ☐ Business income/earnings
- ☐ Business profits
- ☐ Investment income/earnings
- ☐ Corporate investments earnings
- ☐ Rental income
- ☐ Loan
- ☐ Ext investment/ capital Injection
- ☐ Insurance payment
- ☐ Compensation payment
- ☐ Government grant
- ☐ Sale of assets
- ☐ Liquidation of assets
- ☐ Mergers & acquisitions
- ☐ Controlled money account
- ☐ Gift/donation
- ☐ Tax refund
- ☐ Salary/ wages
- ☐ Superannuation/pension
- ☐ Government benefits
- ☐ Redundancy
- ☐ Inheritance
- ☐ Windfall

Source of Wealth

(Select only one option below)

- ☐ Business income/earnings
- ☐ Business profits
- ☐ Investment income/earnings
- ☐ Corporate investments earnings
- ☐ Rental income
- ☐ Insurance payment
- ☐ Compensation payment
- ☐ Owns real estate/property
- ☐ Sale of assets
- ☐ Liquidation of assets
- ☐ Mergers & acquisitions
- ☐ Controlled money account
- ☐ Gift/donation
- ☐ Employment income/earnings
- ☐ Redundancy
- ☐ Superannuation/pension
- ☐ Government benefits
- ☐ Inheritance
- ☐ Windfall
- ☐ No wealth

Is a Withholding Tax/Stamp Duty exemption certificate held?

Yes ☐ No ☐ N/A ☐

## Sole Trader Account Opening Form

### Sole Trader Details

Full Business/ Trading Name

Country of Registration

Office Location/ Registered Address (Not a PO Box)

Country:

Date of Registration (dd/mm/yyyy)

Mailing Address of the Business

Country:

Business Tax Identification No.

Is a Withholding Tax/Stamp Duty exemption certificate held?

Yes ☐

No ☐

N/A ☐

Contact Phone Number

Registration Number/ Business Name Registration

(if applicable)

Purpose of Opening Account

### Cheque Book Request

Preferred Cheque Book Name

50 leaves

☐

100 leaves

☐

200 leaves

☐

Preferred  
Statement Cycle

1st Statement  
Date

Next Statement  
Date

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### Electronic Services

☐ HandyCard

☐ Visa Debit Card  
(criteria applies)

☐ Telephone  
Banking

☐ Mobile Banking

☐ Internet Banking

Handycard No.

Do you want to receive your statement electronically?

Yes ☐

No ☐

## Acknowledgements

I/We agree:

- that documents presented for identification purposes may be verified by the Bank with an appropriate authority;
- to be bound by the terms and conditions which apply from time to time to this account opened by me with the Bank;
- if card access has been requested, to be bound by the Conditions of Use governing the use of the card;
- the Bank may charge to this or any other account(s) I/we may conduct with the Bank or recover from me/us any bank fees, government charges, taxes or duties imposed on transactions on/or which relate to my/our account(s); and
- to check my/our account statements and notify the Bank of any errors or unusual transactions within 3 months of receiving each account statement.
- I understand that The Bank is not liable for any incorrect *pay other* transactions I make through Mobile Banking Transfer.
- I acknowledge that the mobile number I have provided is true and is registered with the Mobile Operator mentioned.
- The Bank is not liable for any losses incurred in the duration of the mobile being stolen, before reporting it to the Bank.

I acknowledge that I/we have received a copy of the relevant Terms and Conditions that apply to this account.

I believe the details of this form to be true and correct.

I acknowledge that I/we have read and understood the Privacy Statement in the Customer Banking Agreement.

**Customer's Name**

**Customer's Signature**

### Bank Use Only

Customer Type	Account Type	Citizenship	Market Segment	SIC Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Manager	Currency	Product No.	Branch No.	Deposit Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Staff Declaration

- |     |                                                                                                                           |                              |
|-----|---------------------------------------------------------------------------------------------------------------------------|------------------------------|
| (a) | Collected all the necessary documents to complete the identification process                                              | <input type="checkbox"/> Yes |
| (b) | Verified all necessary customer details                                                                                   | <input type="checkbox"/> Yes |
| (c) | Sighted all original documents and/or certified copies of documents                                                       | <input type="checkbox"/> Yes |
| (d) | Photocopied/scanned all documents provided for account opening purposes and confirmed that all images are clear & legible | <input type="checkbox"/> Yes |
| (e) | Collected a completed FATCA SDF                                                                                           | <input type="checkbox"/> Yes |
| (f) | Accurately completed 'Checklist for Personal Customers and Associated Parties'                                            | <input type="checkbox"/> Yes |

**Account Opening Officer's Name**

**Employee ID**

**Signature**

**Date**

#### Account Authorisation

I authorise the opening of this account and confirm all KYC and FATCA requirements are met.

**Supervisor/ Verification Officer's Name**

**Employee ID**

**Signature**

**Date**