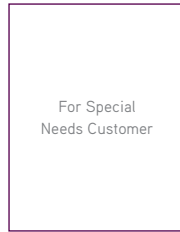


# Account Opening Form

## Additional Applicant



Date:

Branch: \_\_\_\_\_

Existing Account Number:

Note: Please complete in BLOCK letters and sign in the appropriate space.

### RELATIONSHIP DETAILS

CIF Type:  Single  Joint  Minor  
 Account Type:  Current  Savings  
 Account Currency:  OMR  AED  USD  GBP  EUR  
 Relationship Criteria:  Salary Transfer  Deposit Based

### PERSONAL DETAILS

Name(s) of Additional Applicant(s) - as per ID Card  
 Title First Name Second Name Third Name Surname/Tribe  
 AA1. \_\_\_\_\_  
 AA2. \_\_\_\_\_

	Nationality	ID/Resident Card	Expiry Date	Date of Birth	Gender
Additional Applicant 1					<input type="checkbox"/> M <input type="checkbox"/> F
Additional Applicant 2					<input type="checkbox"/> M <input type="checkbox"/> F

Account Name: \_\_\_\_\_ Type of Relationship: \_\_\_\_\_  
 Instruction for Account Operation:  Singly  Jointly  Others (please specify): \_\_\_\_\_

### ATTORNEY/GUARDIAN

Name of Attorney/Guardian: \_\_\_\_\_ ID/PP No.: \_\_\_\_\_  
 Power of Attorney Expiry Date: \_\_\_\_\_

### ATM CARDS

Please issue me/us a Debit Card  Please do not issue me/us a Debit Card

Additional Applicant 1 Name-Supplementary Card: (English only: max 20 characters)

ID/PP No.: \_\_\_\_\_

Additional Applicant 2 Name-Supplementary Card: (English only: max 20 characters)

ID/PP No.: \_\_\_\_\_

### ADDITIONAL APPLICANT (1) DETAILS

Source of Income:  Salary  Own Business  Others  
 Sector (if salary):  Government  Private  
 Name of the Employer: \_\_\_\_\_  
 Nature of Business: \_\_\_\_\_  
 Designation: \_\_\_\_\_  
 Employee No.: \_\_\_\_\_ Date of Joining: \_\_\_\_\_  
 Passport No.\*: \_\_\_\_\_ Passport Expiry Date\*: \_\_\_\_\_  
 Visa No.\*: \_\_\_\_\_ Visa Expiry Date\*: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Income p.m. : \_\_\_\_\_ Source of Other Income: \_\_\_\_\_  
 P.O Box: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 House No./Flat No.: \_\_\_\_\_ Building No.: \_\_\_\_\_  
 Way No.: \_\_\_\_\_ Area: \_\_\_\_\_  
 Wilayat: \_\_\_\_\_ Res. Tel. No.: \_\_\_\_\_  
 Mobile (1): \_\_\_\_\_ Mobile (2): \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Permanent Address (Home Country): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Telephone: \_\_\_\_\_

\*For Non Omani Nationals

## ADDITIONAL APPLICANT (2) DETAILS

Source of Income: <input type="checkbox"/> Salary <input type="checkbox"/> Own Business <input type="checkbox"/> Others	P.O Box: _____ Postal Code: _____
Sector (if salary): <input type="checkbox"/> Government <input type="checkbox"/> Private	House No./Flat No.: _____ Building No.: _____
Name of the Employer: _____	Way No.: _____ Area: _____
Nature of Business: _____	Wilayat: _____ Res. Tel. No.: _____
Designation: _____	Mobile (1): _____ Mobile (2): _____
Employee No.: _____ Date of Joining: _____	Email: _____
Passport No.*: _____ Passport Expiry Date*: _____	Permanent Address (Home Country): _____
Visa No.*: _____ Visa Expiry Date*: _____	_____ Telephone: _____
Telephone: _____ Fax: _____	
Income p.m. : _____ Source of Other Income: _____	

\*For Non Omani Nationals

## BANKING SERVICE REQUIRED

<input type="checkbox"/> Cheque Book:	<input type="checkbox"/> 5leaves <input type="checkbox"/> 25leaves <input type="checkbox"/> 50leaves	<input type="checkbox"/> Email Alerts for Account Transactions
<input type="checkbox"/> SMS Alerts for Account Transactions:	<input type="checkbox"/> Arabic <input type="checkbox"/> English	

## STATEMENT TYPE AND FREQUENCY

Standard Frequencies:	<input checked="" type="checkbox"/> Printed (Biannually)	<input checked="" type="checkbox"/> Email (Monthly)
Change in Printed Frequency*, please specify	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly
*Charges applicable	<input type="checkbox"/> Monthly	

## TERMS AND CONDITIONS:

I/We confirm that the information given above is true and complete, and that I/We have received the Bank's General Terms and Conditions for the operation of the Account(s) and Electronic Banking Services and those applicable specifically to the type of account chosen by me/us. I/We understand and expressly agree and accept to be bound by them whether set out in English and/or Arabic. I/We confirm that all expected inward remittances to my/our account(s) will comply with the stipulation of Central Bank of Oman.

Name	Signature/Thumb Impression	Signature Verified by Branch
<u>Additional Applicant 1</u>		
<u>Additional Applicant 2</u>		
<u>Primary Applicant</u>		
<u>Secondary Applicant</u>		

## FOR BANK USE ONLY

### List of documents obtained and verified against original/KYC steps

<input type="checkbox"/> Customer ID	<input type="checkbox"/> Specimen Signature Card	<input type="checkbox"/> Power of Attorney Document
<input type="checkbox"/> Customer Passport	<input type="checkbox"/> 2 Photographs for Special Needs Customers	<input type="checkbox"/> Attested Copies of Original Mandate from the Account Holder
<input type="checkbox"/> Resident Card	<input type="checkbox"/> Customer Met in Person	<input type="checkbox"/> Birth Certificate (for Minor Account Only)
<input type="checkbox"/> Monthly turnover of the account: _____		

Customer Segment  Mass  Mass Affluent  Affluent  VIP

	Processed and Input By	Data Input Verified and Authorised By
For Branch Use		
For Operation Use		

DSR/PBO Code: \_\_\_\_\_ DSR/PBO Name: \_\_\_\_\_