

Corporate/Business Account Opening Form

Date

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| DD | MM | YYYY |
|----|----|------|

PART A

Branch

Existing Accounts 1)

| | | | | | | | | | | | | | | | | | | | |
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 Company Name

2)

| | | | | | | | | | | | | | | | | | | | |
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1) Accounts Required *(Tick where applicable)*

Business Account Corporate Account *(specify)*

Currency Napsa Employee No:

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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Name of Company: Company Registration No

Contact Number E-mail address

2) Services Required *(Tick where applicable)*

Debit card Internet Banking Monthend e-Statements Mobile Banking

3) Company Type Sole Proprietor Partnership Limited Company Others *(specify)*

4) Business Activities *(Tick where applicable)* Agriculture Trading Manufacturing Mining and quarrying
 Education NGO Health Real estate Legal services Financial and insurances services
 Art gallery Tourism and hospitality Information & Communication Technology Construction and Housing
 Gambling or Casino Motor vehicle/ Vessel trading Cross boarder cash traders Germstone traders/Jewellers

Others *(specify)*

5) Financial Declaration*

Estimated annual inflows/sales turnover

Purpose for the account

Source of wealth

PART B

6) References

| | |
|------------------------|--|
| Name of Firm/ Company | |
| Name of Contact Person | |
| Address | |
| Telephone | |
| Bank and Branch | |
| Account Number | |

| | |
|------------------------|--|
| Name of Firm/ Company | |
| Name of Contact Person | |
| Address Telephone | |
| Bank and Branch | |
| Account Number | |

7) Signing Arrangements* *(Tick where applicable)*

One signatory to sign Two signatories to sign Others Three signatories to sign

(describe alternative mode of operation below)

Alternative mode of operation (specify)

Authorised Signatory 1.

| | | | |
|-------------------------|----------------------|----------------|----------------------|
| Name | <input type="text"/> | Designation | <input type="text"/> |
| Nationality | <input type="text"/> | Date of birth | <input type="text"/> |
| ID/Passport No. | <input type="text"/> | Telephone No. | <input type="text"/> |
| Contact address | <input type="text"/> | | |
| Signing Capacity/ Panel | <input type="text"/> | E-mail address | <input type="text"/> |

Specimen signatures: *(sign once in all three boxes below)*

| | | | |
|----------------------|----------------------|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="PHOTO"/> |
|----------------------|----------------------|----------------------|------------------------------------|

Authorised Signatory 2.

| | | | |
|-------------------------|----------------------|----------------|----------------------|
| Name | <input type="text"/> | Designation | <input type="text"/> |
| Nationality | <input type="text"/> | Date of birth | <input type="text"/> |
| ID/Passport No. | <input type="text"/> | Telephone | <input type="text"/> |
| Contact address | <input type="text"/> | | |
| Signing capacity/ Panel | <input type="text"/> | E-mail address | <input type="text"/> |

Specimen signatures: *(sign once in all three boxes below)*

| | | | |
|----------------------|----------------------|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="PHOTO"/> |
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Authorised Signatory 3.

| | | | |
|-------------------------|----------------------|----------------|----------------------|
| Name | <input type="text"/> | Designation | <input type="text"/> |
| Nationality | <input type="text"/> | Date of birth | <input type="text"/> |
| ID/Passport No. | <input type="text"/> | Telephone No. | <input type="text"/> |
| Contact address | <input type="text"/> | | |
| Signing Capacity/ Panel | <input type="text"/> | E-mail address | <input type="text"/> |

Specimen signatures: *(sign once in all three boxes below)*

| | | | |
|----------------------|----------------------|----------------------|------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="PHOTO"/> |
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Authorised Signatory 4.

| | | | |
|-------------------------|----------------------|----------------|----------------------|
| Name | <input type="text"/> | Designation | <input type="text"/> |
| Nationality | <input type="text"/> | Date of birth | <input type="text"/> |
| ID/Passport No. | <input type="text"/> | Telephone | <input type="text"/> |
| Contact address | <input type="text"/> | | |
| Signing Capacity/ Panel | <input type="text"/> | E-mail address | <input type="text"/> |

Specimen signatures: (sign once in all six boxes below)

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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PART C
ACCOUNT OPENING REQUIREMENTS CHECKLIST

| | CUSTOMER | OFFICIAL |
|---|----------|----------|
| PACRA Certificate of Incorporation | | |
| TPIN | | |
| Copy of National ID for director/signatories/Agents | | |
| 2 passport size photo for each signatory/Agents | | |
| Signed board/Mandate form | | |
| Proof of residence of signatories | | |
| Proof of trading address e.g. utility bills, rate bills, certificate of title | | |
| Article of Association | | |
| 2 Reference Letters | | |

**Please tick in appropriate box*
Official Use

Account Number (Official use)

KYC requirement submitted Yes No Customer Risk Classification Low Middle High

Customer number Charge group

MIS classes

RM ID Sector

Business seg

Date account opened DD MM YYYY Date visited DD MM YYYY

Account opened by (Name):

Signature

Account opening authorised by (Name):

Signature

