NATSAVE

Corporate/Business Account Opening Form

PART A Branch Existing Accounts 10 20 21 Accounts Required (T/ck where applicable) Business Account Corporate Account(specify) Currency Name of Company: Contact Number E-mail address 2) Services Required (T/ck where applicable) Debit card Internet Banking Monthend e-Statements Mobile Banking 3) Company Type Sole Proprietor Partnership Limited Company Others (specify) Others (specify) 4) Business Activities (T/ck where applicable) Agriculture Bcducation NGO MGO Health Real estate Brancial and insurances services Financial and insurances services Art gallery Tourism and hospitality Information & Communication Technology Construction and Housing Germstione traders/Jewellers Others (specify) Estimated annual inflows/sales turnover Purpose for the account Source of wealth Source of wealth Mame of Firn/ Company Name of Contact Person Ad				Date	D D	MM	YYYY
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Address Address Telephone Telephone Bank and Branch Bank and Branch Account Number							
Telephone Bank and Branch Bank and Branch Account Number							
Bank and Branch Account Number Account Number	Telephone						
	Bank and Branch						
7) Signing Arrangements* (Tick where applicable)	Account Number						
One signatory to sign Two signatories to sign Others Three signatories to sign (describe alternative mode of operation below) Alternative mode of operation (specify)	One signatory to (describe alterna)	sign Two signatories to sign Oth	ers Three signate	ories to:	sign		

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Authorised Signatory 1.	
Name	Designation
Nationality	Date of birth
ID/Passport No.	Telephone No.
Contact address	
Signing Capacity/ Panel	E-mail address
Specimen signatures: (sign once in all three boxes below)	
	рното
Authorised Signatory 2.	
Name	Designation
Nationality	Date of birth
ID/Passport No.	Telephone
Contact address	No.
Signing capacity/Panel Specimen signatures: (sign once in all three boxes below)	E-mailaddress
Authorised Signatory 3.	
Name	Designation
Nationality	Date of birth
ID/Passport No.	Telephone No.
Contact address	
Signing Capacity/Panel	E-mailaddress
Specimen signatures: (sign once in all three boxes below)	рното

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Authorised Signatory 4.

Name	Designation
Nationality	Date of birth
ID/Passport No.	Telephone
Contact address	No.
Signing Capacity/Pa	nel E-mailaddress

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



PART C

ACCOUNT OPENING REQUIREMENTSCHECKLIST	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 biills, rate bills, certificate of title		
Article of Association		
2 Reference Letters		
	1	1

Official Use Account Number (Official use)]	
KYC requirement submitted Yes No Custom	er Risk Classification	Low Mic	ldle	High
Customer number Chai	ge group			
RM ID	Sector			
Business seg]			
Date account opened D D M M Y Y Y Y		Date visited DD	MM	YYYY
Account opened by (Name):				
Signature]		Official	
Account opening authorised by (Name):			Stamp	
Signature			<	-