



FIRST BANK

Corporate Account Opening Form

Please complete all details in CAPITAL letter and strike out the non-applicable fields/boxes.

In this application, we make it easier and hassle-free for you to apply for our banking products and services. We appreciate your time in sharing your information with us, and look forward to serving you better.

Remember to include the following and kindly tick out as attached;

- Certified incorporation certificate
- Certified utility bill or similar for the company (or a lawyer's confirmation)
- Certified ID documents and certified utility bill for the signatory
- Certified Shareholder list
- Certified list of Directors
- Certified ID documents and certified utility bill for the Shareholder(s)
- Certified ID documents and certified utility bill for the Ultimate Beneficial Owner(s)
- Resolution confirming the opening of the Account.

1 Please tell us about yourself

Title: Mr. Mrs. Ms. Other

Customer Name (as in Passport/ID) and Address:

First Name _____ Street _____

Middle Name _____ City _____ Post Code _____

Last Name _____ Country _____

Date of Birth : _____

Tax ID Number (If any) : _____

Mobile Number : _____

Father's Name : _____

Mother's Name : _____

Husband/Wife's Name : _____

National ID Number.: _____

Passport Number : _____

Expiry Dates : _____

Driving License Number (If any) : _____

Expiry Dates :¹ _____

Other ID Type: _____

Gender : Male Female

Nationality : _____

Marital Status : Married Single Other

Country of Residence : _____

Mailing Address: _____

Street/ City /Post Code _____

Country _____

Contact Numbers

Home: _____

Mobile: _____

E-mail: _____

Title: _____

2a Please tell us about the Company

Company Name and Address:

Company Name: _____

Tax ID Number (If any) : _____

Address: _____

Postal Code and City: _____

Country: _____

Incorporation No. : _____

Mailing Address (if different): _____

Post Code and City: _____

Country _____

Contact Numbers

Phone: _____

E-mail: _____

Nature/Type of Business : _____

2b Please tell us about all Shareholders with 25% or more shares

If none hold 25% or more tick here

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth :

Mobile Number :

Passport Number :

Expiry Dates :

Gender :

Male Female

Nationality :

Country of Residence :

Mailing Address:

Street/ City /Post Code

E-mail:

Percentage of Shares:

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth :

Mobile Number :

Passport Number :

Expiry Dates :

Gender :

Male Female

Nationality :

Country of Residence :

Mailing Address:

Street/ City /Post Code

E-mail:

Percentage of Shares:

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth :

Mobile Number :

Passport Number :

Expiry Dates :

Gender :

Male Female

Nationality :

Country of Residence :

Mailing Address:

Street/ City /Post Code

E-mail:

Percentage of Shares:

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth :

Mobile Number :

Passport Number :

Expiry Dates :

Gender :

Male Female

Nationality :

Country of Residence :

Mailing Address:

Street/ City /Post Code

E-mail:

Percentage of Shares:

2c Please tell us about the Ultimate Beneficial Owner(s)

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth : _____

Mobile Number : _____

Passport Number : _____

Expiry Dates : _____

Gender : Male Female

Nationality : _____

Country of Residence : _____

Mailing Address: _____

Street/ City /Post Code _____

E-mail: _____

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth : _____

Mobile Number : _____

Passport Number : _____

Expiry Dates : _____

Gender : Male Female

Nationality : _____

Country of Residence : _____

Mailing Address: _____

Street/ City /Post Code _____

E-mail: _____

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth :

Mobile Number :

Passport Number :

Expiry Dates :

Gender :

Male Female

Nationality :

Country of Residence :

Mailing Address:

Street/ City /Post Code

E-mail:

Name (as in Passport/ID) and Address:

First Name

Middle Name

Last Name

Date of Birth :

Mobile Number :

Passport Number :

Expiry Dates :

Gender :

Male Female

Nationality :

Country of Residence :

Mailing Address:

Street/ City /Post Code

E-mail:

3 Which account would you like to apply for?

Type of Account :

Multicurrency Current

4 Please consider these valuable services

Debit Card (Pre-paid Mastercard)

Name to be printed on the Card: Your Full Name as stated in your Account Opening Form will appear on the Debit Card up to a maximum number of 21 characters (including blank spaces). Please note that should your Full Name be more than 21 characters, your First and Last Name as stated in your Account Opening Form will appear on your Debit card.

Yes No

I/We hereby declare that I/we agree to have my/our security items (viz. Contact Centre, Cheque book, Internet Banking PIN, Debit Card and other security items) delivered to my/our mailing address and also understand that Debit Card will be delivered in deactivated status for security reason.

5 Custodial Account

I also want a custodial account for my securities;

Yes No

6 Acceptance of Terms & Conditions

I/We hereby acknowledge that I/We have read and understood the Terms & Conditions governing customer accounts with the ("Bank") First Bank Limited and agree to comply with them.

I/We declare that the information provided in this Application Form provided is true, complete and accurate and I/We have not withheld any material fact. I shall inform you of any changes thereto. I/We hereby authorise the Bank to verify any information pertaining to this Application Form whatever sources it may consider appropriate. I/We accept that the Bank is entitled in its absolute discretion to accept or reject this Application without assigning any reason whatsoever and that the Application and its supporting documents shall become part of the Bank's record and shall not be returned to me. I understand it is my responsibility to obtain, read and understand the Terms & Conditions. The Bank does not warrant against any external factors affecting the privacy and/or security of e mails during internet transmission. The Bank shall not be liable or responsible for data corruption, delay and/or interception of the information so given and the Bank reserves the right to update and vary such information from time to time and at any time. I hereby agree to indemnify the Bank against any loss, damage, liability or cost incurred by the Bank on account of any breach by me. I also irrevocably authorise and permit the Bank to disclose information about my Application/account/ dealing relationships to any credit rating/reference agency/insurer/insurance broker, bank, financial institution, any government regulatory agency, affiliates and representatives (the "Permitted Parties"), professional services and service providers who are under a duty of confidentiality to the Permitted Parties, any actual or potential participant or sub participant in relation to any of the Bank's right and/or obligations under any agreement between us, or assignee or transferee or to any one else when the Bank deems it is in its interest to do so. The Bank will immediately comply with disclosure of information to any authority under any law. The Bank shall have the right to check my credit standing at any times as and when the Bank may deem fit without reference to me.

Place: _____ Date: _____

Name;

Title:

7. Transactional Profile

Purpose of Opening Account:

- Corporate Banking Transaction
- Savings
- Investments
- Others (Please specify) _____

Source of income/Fund: (Please specify)

I hereby confirm, that the above is true and accurate:

Place: _____ Date: _____

Name;

Title: