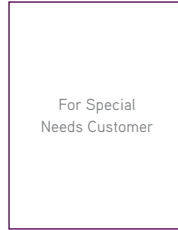


Account Opening Form

Additional Applicant



Date: ^{DD} ^{MM} ^{YYYY}

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: _____

*For Non Omani Nationals

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: _____

ADDITIONAL APPLICANT (2) 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

BANKING SERVICE REQUIRED

Cheque Book: leave\$25 leave\$5 50 leaves | Email Alerts for Account Transactions
 SMS Alerts for Account Transactions: Arabic English

STATEMENT TYPE AND FREQUENCY

Standard Frequencies: Printed (Biannually) | Email (Monthly)
 Change in Printed Frequency*, please specify Daily Weekly Daily Weekly
 Monthly

*Charges applicable

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: _____