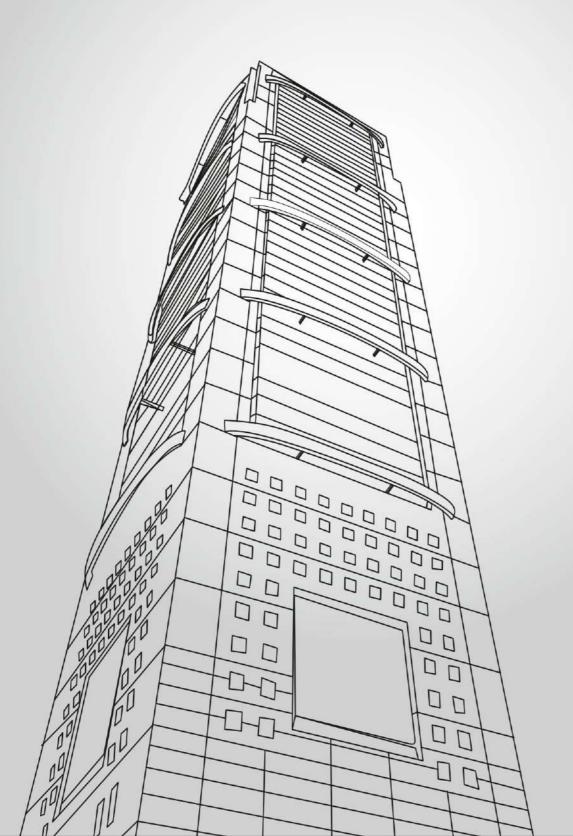


MCB U.A.E Account Opening Form Business





MCB

ACCOUNT OPENING APPLICATION - BUSINESS

Bank for Life							Fill	in E	3LO	CK I	ett	ers	and	d ch	eck	\checkmark] _w	here	ap	pro	oria	te
Date: DD MM YYYY				Bra	nch _											, Uı	nite	ed A	rab	Emi	rate	es
Customer account number/ IBAN:																\perp		FOF	≀ OF	FIC	ΕU	SE
ACCOUNT TITLE																						
																	\perp]
As per official registered name																I	Ι		I]
TYPE OF FORMATION																						
*Sole Proprietorship																						
*Offshore, specify country of incorporation: *Other, specify:																						
OFFICE ADDRESS																						
Number: Street: Location/Area																						
P.O. Box/Postal/Zip code:																						
Province/State:			-																			_
Tel(1) + Country code/area code			Tel	(2)		untrv	code/ai	ea co	ode													
Fax + Country code/area code			We	bsi																		_
COMPANY DETAILS																						
Line of business:																						
Trade license no.:	v	/alid:	DD N	1M \	YYYY					Esta	bli	she	ed o	_	D M	M Y		Y				
Number of employees: 10 11-25		26-5	0		51-1	00] 10	0+													
Operations in more than one country:		No			Yes,	spe	cify co	untı	ry(s	s):												_
Transaction Types: Cash Chequ	es					-	-															_
Total annual credit turnover: AED				Au	ditor's	Na	me:															_
NAMES OF SHAREHOLDERS/PARTNERS	% OF	SHA	RES	RI	ESIDE	NC	E ADD	RES	SS													
a) b)																—	_					\dashv
c)																						\dashv
d)																						
(e)																	_					
ACCOUNT INTRODUCER'S DETAILS Introducer Name:																						
Branch: A									I							I						
		F	OR	OFI	FICE	USE																
Introducer's Signature Signature																						
Note: Company stamp required in the event introd	ucer hol	ds a c	ompa	any	accou	nt.			•		bv:		_	_			_		_			
				ĺ				•	2		٠,٠											
Authorized signatory initial(s)	: داما				-l -					٠ - له ـ												
Note: In the case of multiple signatories, authorize	u signat	ures I	nust	IJIIII	aı as þ	er tr	ie accc	unt	ınar	ıuate	# .											

SIGNATORY DETAILS		
SIGNATORY 1		
Full name As per passport / government issued ID		
Nationality:		Passport Number:
Hold any other Permanent Residency? No Yes,	specify coun	try of permanent residency:
UAE residence status? UAE resident, specify no. of y	ears in the UA	E,Emirates ID Card#:
Non-resident, specify country of domicile:		
Are you Subject to US Taxation due to any reason (eg. US Re	sident, US Citizen	DD MM YYYY ship, US Green Cards, Substantial Presence in the US, etc.) No Yes
CURRENT RESIDENCE ADDRESS		
Number: Street:		
Apt/Villa/House Location/Area P.O. Boy/Poetal/7ip code:	City:	State/Province:
	-	State/Province
Tel(Off) + Country code/area code	Tel(Res) +	Country code/area code
Fax + Country code/area code	Mobile +	Country code/area code
SIGNATORY 2		
Full name As per passport / government issued ID		
Nationality:		Passport Number:
		try of permanent residency:
UAE residence status?	ears in the UA	E ,Emirates ID Card#:
Non-resident, specify country of domicile:		Date of birth:
Are you Subject to US Taxation due to any reason (eg. US Re	sident, US Citizen	ship, US Green Cards, Substantial Presence in the US, etc.) No Yes
CURRENT RESIDENCE ADDRESS		
Number: Street: Location/Area		
P.O. Box/Postal/Zip code:	City:	State/Province:
Country:	Email:	
Tel(Off) + Country code/area code	Tel(Res) +	Country code/area code
Fax + Country code/area code	Mobile +	Country code/area code
SIGNATORY 3		
Full name		
As per passport / government issued ID		
<u> </u>		Passport Number:
Hold any other Permanent Residency? No Yes,		· <u></u>
UAE residence status? UAE resident, specify no. of y		
Non-resident, specify country of domicile:		Date of birth:
Are you Subject to US Taxation due to any reason (eg. US Re	sident, US Citizen	ship, US Green Cards, Substantial Presence in the US, etc.) No Yes

CURRENT RESIDENCE ADDRESS Street: Location/Area Apt/Villa/House _____ State/Province: ___ P.O. Box/Postal/Zip code: _ _____ City: __ Country: __ Email: _ Tel(Off) + Tel(Res) + Fax + Mobile + Country code/area code Country code/area code **OPERATING INSTRUCTIONS** Signature instructions: Singly Jointly (all to sign) **DECLARATION OF BENEFICIAL OWNERSHIP** I/We hereby declare that the beneficial owner(s) of this account are as per the following documents (check 🗹 the appropriate box) List of Shareholders (as per the Memorandum of Association/Trade License) Sole Proprietor's Declaration (for Sole Proprietorship account) Letter of Partnership/Partnership Deed Trust Deed/Bylaws (for Clubs, Associations, NGO's & Trust accounts) Form A for Beneficial owner(s) identity has been submitted separately Authorized Signatory initial(s) NOTE: In the case of multiple signatories, authorized signatures must initial as per the account mandate. **TYPE OF ACCOUNTS ACCOUNT TYPES CURRENCY** | | EUR **Current Business Account** AED USD USD Saving Account AED USD EUR Saving 365 Gold Account AED USD AED EUR ☐ Time Deposit (TD)

Statement frequency: ADDITIONAL DETAILS

S

TD Rollover: Monthly

ADDITIONAL DETAILS					
Source of income:	Business	Property	Investment	Other:	 ·

Yearly

☐ Half-yearly

Other _____

Quarterly Half-yearly

Quarterly

Monthly

TRANSACTION STATISTICS

TRANSACTION TYPE	AMOUNT OF TRANS	SACTIONS (per month)	EXPECTED NUMBER OF TRANSACTIONS (per month)					
	CASH	OTHER	CASH	OTHER				
Deposits								
Withdrawals								

NO.	TE:	
tha inc	n "Active NFE" is a company conducting an operating business and is mainly engaged in a manu n 50% of the entity's gross ome arise from an non-Financial Business Activity, and less than 50% of the entity's assets are h	eld for the production of Passive Income.
fun	inancial Business Activity" means: trading, individual or collective portfolio management, otherw ds, money or financial sets for customers or clients.	ise investing, administering or managing
	assive Income" means: interest, dividend income equivalent to interest, rents and royalties, annui sale or exchange of property, etc.	ties, the excess of gains over losses from
SP	ECIMEN CARD	
Pla	ce at bottom	
• (Cheque Book Yes No	
(/we hereby authorize MCB Bank Limited (the "Bank") without the need to obtain any additional veredit report from Al Etihad Credit Bureau. I/we also acknowledge and agree to pay necessary cor this purpose and authorize MCB Bank Limited to debit my/our account with them.	
MΔ	NDATE	
	e hereby apply for the banking services detailed in this application form and confirm that the de and correct.	tails provided in this application form are
I/W	e acknowledge receipt of the account terms and conditions booklet and confirm that	
a)	I/We have read and fully understood the terms and conditions and their application to any serv	rices granted to me/us by the Bank
b)	I/We agree to be bound by the said terms and conditions	
c)	I/We agree to pay Bank's charges and accept any amendments which may be made by the Bar and conditions without receiving prior notice, and	nk from time to time to those rules, terms
d)	I/We hereby consent that the information supplied relating to me/us, my/our account's with required by law court order or competent authority or agency under the provisions of appl otherwise to safeguard the interests of the Bank and that such disclosure may be transmitted	icable laws, usage and customs and/or
e)	I/We understand that this Account Opening form AOF will be valid once signed	
f)	I/We hereby provide consent to the Bank for contacting any 3rd parties for obtaining inform	ation for due diligence under the Bank's
	internal / external regulatory requirements.	FOR OFFICE USE
Autl	norized Signatory(s)	 Signature
	ce Date: DD MM YYYY	Verified by:
	TERMS & CONDITIONS FOR ACCOUNT OPENING	
1.	The Bank reserves the right to close the account at any time, if any information provided by misleading or for any other reason at the absolute and unfettered discretion of the Bank.	the customer is found to be incorrect /
2.	Any change in the address or constitution of the account holder/depositor should be immediate	tely communicated in writing to the Bank

The post office and the other agents for delivery shall be considered agents of the account holder/depositor for delivery of letters,

3. Any sum to be deposited in the account should be accompanied by paying-in-slip showing the name and number of the account to be credited. Such deposits must be tendered at the Bank counter only. Authorised officials of the Bank will verify the entry of the transaction, and affix stamp on the counter foil of the paying-in-slip. The account holder/depositor should satisfy himself that he has received proper

remittances, etc., and the Bank will not be responsible for any delay, non-delivery, wrong delivery etc.

receipt for the deposit duly signed with Bank's stamp affixed on it.

FOR REGULATORY PURPOSE (FATCA & CRS)

Is this an Active Non-Financial (NFE) entity? Yes No

- 4. The Bank shall endeavour to collect cheques and other items as promptly and carefully as possible, but it will accept no responsibility in case of any delay or loss and all collections are undertaken only at the risk of the Account holder.
- 5. In drawing cheques, the amount both in words and figures should be written distinctly and, to prevent fraudulent alterations, cheques should be drawn in such a way as to prevent insertion of any other words or figures.
- 6. The Bank reserves the right not to honour any cheque if it is presented before the date of the cheque or six months after the date of the cheque or if the cheque is otherwise defective in any way whatsoever.
- 7. Cheque books must always be kept in a secure place, under proper lock & key. The Bank will not be responsible for encashment of any cheque stolen or otherwise improperly obtained from the cheque book issued to any account holder.
- 8. Any account holder wishing to close the account must request the Bank in writing signed by all the account holders and surrender unused cheques, if any.
- 9. The Bank shall issue periodic statements of account to the account holder. Any discrepancy in the statement of account should be brought to the notice of the Bank in writing promptly and in any case within fifteen days of dispatch of the statement of account, failing which the balance shown in the statement of account shall be deemed to be correct for all purposes whatsoever. The Bank will take due care to ensure that the credit entries are correctly recorded. However, in case of any error being discovered by the Bank later, the Bank reserves its right, at all times to make adjusting entries to rectify the error without prior notice and recover any amount wrongly paid or credited to the account together with any accrued interest/profit. The Bank shall not be liable for any loss or damage or any consequential loss arising therefrom to any party consequent upon any such errors or making of such adjusting entries.
- 10. The Bank will always have the right, at its absolute and unfettered discretion, to close any account and terminate any type of relationship with the account holder/depositor at any time without assigning any reason. On the closure of any account, the account holder will return all unused cheques to the Bank.
- 11. The Bank reserves the right to amend, delete or supplement or make changes in these Terms and Conditions or withdraw any change in particular category of its accounts or service, either wholly or partially, Including with limitations, the charges leviable in respect of any of them, at any time and from time to lime at its sole and unfettered discretion. Such changes shall be effective from such date as may be specified by the Bank. The Account Holder hereby agrees to accept all of them and undertakes to abide by them.
- 12. MCB Bank Ltd UAE outsources some of its processing functions

DD MM YYYY

12. MCB Bank Ltd UAE outsources some of its processing functions	
13. This agreement will be governed by the applicable laws of the UAE.	
FOR OFFICE USE	
Source of account	
Customer referral: Telecall Branch walk-in Seminar Staff referral	Internet lead Other:
Bank Representative's declaration,	
I have verified the particulars of the Applicant(s) on the basis of his/her/their documents (cop of the Applicant(s) who were met in person.	ies attached) and I am satisfied with the identity
Bank representative's name:	Bank representative's signature
Date: DD MM YYYY	bank representatives signature
Relation manager's name:	Relation manager's signature
Date:	

