



# ACCOUNT OPENING APPLICATION – BUSINESS

Bank for Life

Fill in BLOCK letters and check  where appropriate

Date

Branch \_\_\_\_\_, United Arab Emirates

Customer account number / IBAN  FOR OFFICE USE

## ACCOUNT TITLE

as per official registered name

## TYPE OF COMPANY

Sole Proprietorship  Public Sector  Private Sector  Federal Government  Small & Medium Enterprise (SME)

NGO/Trust/Societies, Description if Other \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

## OFFICE ADDRESS

Number  Street   
office/suite/shop location/area

P.O. Box/Postal/Zip code  City \_\_\_\_\_

Province/State \_\_\_\_\_ Country \_\_\_\_\_

Tel (1) +  Tel (2) +   
country code/area code country code/area code

Fax +  Website \_\_\_\_\_  
country code/area code

## COMPANY DETAILS

Line of business \_\_\_\_\_

Trade license no  Valid         Established on

Number of employees  10  10 – 25  26 – 50  51 – 100  100+

Operations in more than one country  No  Yes, specify country(s) \_\_\_\_\_

Transaction Types  Cash  Cheques  Telegraphic Transfers  Banker's Cheque  Other \_\_\_\_\_

Total annual credit turnover  AED Auditor's name \_\_\_\_\_

## NAMES OF SHAREHOLDERS/PARTNERS

## % OF SHARES

## RESIDENCE ADDRESS

NAMES OF SHAREHOLDERS/PARTNERS	% OF SHARES	RESIDENCE ADDRESS
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
d) _____	_____	_____
e) _____	_____	_____

## ACCOUNT INTRODUCER'S DETAILS

Introducer's name \_\_\_\_\_

Branch \_\_\_\_\_ Account number

## FOR OFFICE USE

Introducer's signature

NOTE: Company stamp required in the event introducer holds a company account.

Authorized signatory initial(s)

NOTE: In the case of multiple signatories, authorized signatures must initial as per the account mandate.  
Form continued on next page.

signature

Verified by \_\_\_\_\_

**SIGNATORY DETAILS**

**SIGNATORY 1**

Full name  as per passport / government issued ID

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Hold any other Permanent Residency?  No  Yes, specify country of permanent residency \_\_\_\_\_

UAE residence status?  UAE resident, specify no. of years in the UAE , Emirates ID Card#

Non-resident, specify country of domicile \_\_\_\_\_ Date of birth

Are you Subject to US Taxation due to any reason (eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)  No  Yes

**CURRENT RESIDENCE ADDRESS**

Number  apartment / villa / house 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 2**

Full name  as per passport / government issued ID

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Hold any other Permanent Residency?  No  Yes, specify country of permanent residency \_\_\_\_\_

UAE residence status?  UAE resident, specify no. of years in the UAE , Emirates ID Card#

Non-resident, specify country of domicile \_\_\_\_\_ Date of birth

Are you Subject to US Taxation due to any reason (eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)  No  Yes

**CURRENT RESIDENCE ADDRESS**

Number  apartment / villa / house 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

Nationality \_\_\_\_\_ Passport Number \_\_\_\_\_

Hold any other Permanent Residency?  No  Yes, specify country of permanent residency \_\_\_\_\_

UAE residence status?  UAE resident, specify no. of years in the UAE , Emirates ID Card#

Non-resident, specify country of domicile \_\_\_\_\_ Date of birth

Are you Subject to US Taxation due to any reason (eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)  No  Yes

**CURRENT RESIDENCE ADDRESS**

Number  Street   
apartment / villa / house location / area

P.O. Box/Postal/Zip code  City  State/Province

Country  Email

Tel (Off) +  Tel (Res) +   
country code/area code country code/area code

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)

- Sole Proprietor's Declaration (for Sole Proprietorship account)
- Letter of Partnership/Partnership Deed
- Form A for Beneficial owner(s) identity has been submitted separately
- List of Shareholders (as per the Memorandum of Association/Trade License)
- Trust Deed/Bylaws (for Clubs, Associations, NGO's & Trust accounts)

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
<input type="checkbox"/> Current Business Account	<input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR
<input type="checkbox"/> Saving Account	<input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR
<input type="checkbox"/> Saving 365 Gold Account	<input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR
<input type="checkbox"/> Time Deposit (TD)	<input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR

TD Rollover  Monthly  Quarterly  Half-yearly  Yearly  Other \_\_\_\_\_

Statement frequency  Monthly  Quarterly  Half-yearly  Yearly

**ADDITIONAL DETAILS**

Source of income  Business  Property  Investment  Other \_\_\_\_\_

Purpose of the account  Business transactions  Investment  Other \_\_\_\_\_

Other Banking Relationships \_\_\_\_\_  
bank's name, branch and location

**TRANSACTION STATISTICS**

TRANSACTION TYPE	AMOUNT OF TRANSACTIONS (per month)		EXPECTED NUMBER OF TRANSACTIONS (per month)	
	CASH	Other	CASH	Other
Deposits	_____	_____	_____	_____
Withdrawals	_____	_____	_____	_____

## MANDATE

I/We hereby apply for the banking services detailed in this application form and confirm that the details provided in this application form are true and correct.

I/We 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 services 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 Bank from time to time to those rules, terms and conditions without receiving prior notice, and
- d) I/We hereby consent that the information supplied relating to me/us, my/our account's with the Bank may be disclosed as may be required by law court order or competent authority or agency under the provisions of applicable laws, usage and customs and/or otherwise to safeguard the interests of the Bank and that such disclosure may be transmitted electronically including by email.
- 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 information for due diligence under the Bank's internal / external regulatory requirements.

## FOR OFFICE USE

authorized signatory(s)

signature

Place \_\_\_\_\_  
city & country

Date

D	D	M	M	Y	Y	Y	Y
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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 the customer is found to be incorrect / misleading or for any other reason at the absolute and unfettered discretion of the Bank.
2. Any change in the address or constitution of the account holder/depositor should be immediately 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, remittances, etc., and the Bank will not be responsible for any delay, non-delivery, wrong delivery etc.
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 receipt for the deposit duly signed with Bank's stamp affixed on it.
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 time 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
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 (copies attached) and I am satisfied with the identity of the Applicant(s) who were met in person.

Bank representative's name \_\_\_\_\_

bank representative's signature

Date 

D	D	M	M	Y	Y	Y	Y
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Relationship manager's name \_\_\_\_\_

relationship manager's signature

Date 

D	D	M	M	Y	Y	Y	Y
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