

APPLICATION FORM FOR OPENING INDIVIDUAL/JOINT ACCOUNT

DATE:.....

Note: Kindly fill the form in BLOCK letters and sign in the appropriate space only after reading the terms and conditions. The terms and conditions which apply to operating this account form an integral part of this application form. PLEASE COMPLETE IN FULL AND TICK WHEREVER APPLICABLE. (All fields marked with (*) are mandatory)

For Bank Use Only
Customer Number [] [] [] [] [] [] [] [] [] [] [] [] [] []

Personal Details

	Primary Applicant	Second Applicant ¹
*Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others
*Full Name (as per the ID)		
*National/Civil ID (If no ID, will be classified as non-resident)	No.: Expiry Date: dd/mm/yyyy	No.: Expiry Date: dd/mm/yyyy
*Passport Details (For non-Omani only)	No.: Expiry Date: dd/mm/yyyy	No.: Expiry Date: dd/mm/yyyy
*Relationship with primary applicant	Self	
Are you an existing customer? (Changes if any will be updated in personal records)	Provide Account No.	Provide Account No.
*Date of Birth & Nationality	Date dd/mm/yyyy Nationality:	Date dd/mm/yyyy Nationality:
*Country of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
*Mobile Number		
*Mailing Address (Sultanate of Oman)	PO Box:..... PC: Location:	PO Box:..... PC: Location:
*Residence Address (Proof Required) (For Oman Residents only)	Address: City/Wilayat:..... House/Flat Number: Building Number: Way Number:PC	Address: City/Wilayat:..... House/Flat Number: Building Number: Way Number: PC.....
Landmark (closest landmark)		
*Permanent Address (For Non-Omani only)		
*Name desired on debit card (Not applicable for joint signature, minor account)	[] [] [] [] [] [] [] [] [] [] [] [] [] [] <input type="checkbox"/> Please tick if not required	[] [] [] [] [] [] [] [] [] [] [] [] [] [] <input type="checkbox"/> Please tick if not required

- *Reason for opening the account:
- Saving
 - Salary
 - Waratha/Heirs
 - Financing Re-payment
 - Foreign Remittances
 - Investment in Securities
 - Investment in Property & Land
 - Others (Please Specify)

- *Source of funds:
- Salary
 - Parents
 - Personal Saving
 - Rental/Profit
 - Investments
 - Other (Please Specify)

*** Residence Address Proof (Please provide any of the following)**

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Property Mulkia/Tenancy Agreement <input type="checkbox"/> Copy of Utility Bill <input type="checkbox"/> Letter from Employer/University <input type="checkbox"/> Letter from the Wali/Sheikh Certifying the address <input type="checkbox"/> Other Bank Statement (verify with bank stamp) | <p>If proof is in the name of a relative, please attach any of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marriage/Birth Certificate <input type="checkbox"/> Passport showing relationship <input type="checkbox"/> Government issued, any other relevant document <input type="checkbox"/> Letter from relative with ID copy |
|--|--|

1. In case any account holder is deceased, the account will be frozen.

*** US Indicia (FATCA)**

	Are you Holder of any of the following	Primary Applicant	Second Applicant
a.	US Tax Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	US Nationality/Green Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Address/Tel. No. in USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Make ongoing payment to USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of above is Yes, Please fill separate FATCA form			

*** Common Reporting Standard (CRS)**

Are you a tax resident in any country other than Oman If Yes, provide details below No

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN (Tax Identification Number) for each country/jurisdiction indicated. If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet. if a TIN is unavailable please provide the appropriate reason A,B or C where indicated below:

Reason A: The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.

Reason B: The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Primary applicant Country/Jurisdiction of tax residence	TIN	If no TIN available, select reason A, B or C as explained above
1.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
2.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
3.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C

Second applicant Country/Jurisdiction of tax residence	TIN	If no TIN available, select reason A, B or C as explained above
1.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
2.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
3.		<input type="checkbox"/> Reason A <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C

*** Politically Exposed Person/Prominent Position**

		Primary Applicant	Second Applicant
a.	Do you or any of your direct relative(s)* currently hold/previously held any of the below mentioned position(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
*Please provide name and position of your direct relative who is a PEP	
b.	*Are you a close business associate of any of the below mentioned position(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- H.H and H.E. designations or member of Royal Family whether local or foreign
- CEO of publicly listed company or a fully-owned government company whether local or foreign
- Rank of Brigadier General and above whether local or foreign
- Ambassador, Embassy First Secretary, Consulate General, Embassy Attaché
- Senior Officials in an International Organization (such as UN, WHO, UNISCO etc) or a senior foreign government official
- Member of Parliament, Shura Council, Oman Council or equivalent in any jurisdiction

*** Employment Details (Primary Applicant Only)**

Please specify your employment status:

- Employed Job Seeker Household worker Housewife
 Student Retired Minor (Age 14 to under 18) Child (Below 14 years)
 Expected Monthly Income in OMR: Below 500 500-1000 1001-2500 2501-5000 More than 5000

(If employed, fill in the following details):

- Employment sector: Government Sector Semi-Government Private Sector Business Owner Self Employed
 Name of Employer/Business :
 Employer's/Business Address: PO Box:.....PC:.....Location:.....
 Present Position:.....
 Proof of Employment (select one of the below):
 Letter from Employer/Latest Salary Slip/Employee ID
 Salary already credited to Meethaq account (for existing customers)

*** Account Details**

Account Type (select one of the below)	Currency (select one of the below)
<input type="checkbox"/> Hibati Savings Account	<input type="checkbox"/> OMR
<input type="checkbox"/> Premium Savings Account	<input type="checkbox"/> OMR <input type="checkbox"/> AED <input type="checkbox"/> USD
<input type="checkbox"/> Current Account	<input type="checkbox"/> OMR <input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP
<input type="checkbox"/> Neswa Savings Account	<input type="checkbox"/> OMR
<input type="checkbox"/> Baraem Savings Account (for children up to 14 years)	<input type="checkbox"/> OMR

- Account statement to be sent: Email (Capital letters) Post (Default by Email, if email address provided)
 For Current Account: Cheque book facility required (only applicable for OMR currency): No Yes, Number of Cheque Books:
 Number of Cheque leaves required (Select one) 10 25 50 100

Declaration for Minor Account (Age below 18 years)

I in my capacity as the Natural Guardian (father) or Legal Guardian (court order attached) of the minor name (details provided as primary applicant) confirm to operate this account till minor attains the age of maturity as follow (select one):

I will operate this account as the Natural Guardian (father)/Legal Guardian appointed by court order.

OR

I hereby appoint and authorize ID No.to operate as a 'chosen guardian', I acknowledge and agree that this authorization shall not relieve me from any legal responsibility towards the above mentioned account and that I will indemnify and hold harmless Meethaq Islamic Banking – Bank Muscat (The Bank) and its employees from any liability in relation to this authorization.

Name of the Natural/Legal Guardian: ID No.: Signature:

*** Declaration**

I/We request you to open an account with Meethaq Islamic Banking – Bank Muscat (The Bank) as per details given. I/We hereby confirm that the information furnished by me/us herein is true, correct and complete in all respects. I/We agree to observe and be bound by the Terms and Conditions governing this application & as available on www.Meethaq.om including delivery channels, and consent to receive marketing promotion and surveys and any changes, supplements or modifications thereto that may be made by the Bank from time to time. If the account remains without operation for a reasonable period of time, the bank has the right to close the account without reference to me/us. I hereby confirm that I am the ultimate beneficiary of this account.

To operate (select one):

Single (Any applicant to sign)

Joint (All applicants to sign jointly)

Specimen Signature (Primary Applicant/Guardian-operating this account) Specimen Signature (Second Applicant)

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Check List

- ID documents obtained
- Address proof documents obtained
- Passport (for non Omani) document obtained
- FATCA form obtained, if applicable
- Proof of Employment documents obtained
- For Minor account, ID document of Natural/Legal Guardian
- For Minor account birth certificate
- Court legal ID

Declaration

- I confirm having met the customer(s) in person.
- I confirm verifying all documents required for opening of this account in Original and copy obtained and verified as per Bank's KYC policy. Latest CBO caution list checked for current account.
- Specimen Signature of all authorized persons applicable to each account set up in system.

CIF Number: Account Number:

Checked by (Staff Name): Approved by (Staff Name):

Signature: Signature:.....