

APPLICATION FORM FOR OPENING INDIVIDUAL/JOINT ACCOUNT

DATE:.....

| For Bank Use Only | |
|-------------------|---|
| Customer Number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Branch Code | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

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)

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 |
| Disability / Special Needs / Illiterate (fill only if applicable) | Disability Card No.Or [] select if no card available Select from following: If Blind* <input type="checkbox"/> Can read Braille <input type="checkbox"/> Cannot read Braille <input type="checkbox"/> Physical Disability (Unable to sign)* <input type="checkbox"/> Illiterate* <input type="checkbox"/> Disabled (Can read, write, sign) <input type="checkbox"/> Mental Disability If Hearing disability <input type="checkbox"/> Use Sign language <input type="checkbox"/> No Sign language *Complete additional "Special Needs form" | Disability Card No.Or [] select if no card available Select from following: If Blind* <input type="checkbox"/> Can read Braille <input type="checkbox"/> Cannot read Braille <input type="checkbox"/> Physical Disability (Unable to sign)* <input type="checkbox"/> Illiterate* <input type="checkbox"/> Disabled (Can read, write, sign) <input type="checkbox"/> Mental Disability If Hearing disability <input type="checkbox"/> Use Sign language <input type="checkbox"/> No Sign language *Complete additional "Special Needs form" |
| *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 | | |
| Email Address (In Capital only) | | |
| *Mailing Address (Sultanate of Oman) | PO Box:..... PC: Location: | PO Box:..... PC: Location: |
| *Residence Address (Proof Required in case of Non-Resident) <small>Note: Non Resident customers to provide their home country address.</small> | 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) | | |

***Reason for opening the account:**

- | | | | | |
|---|--|--|---|--|
| <input type="checkbox"/> Saving | <input type="checkbox"/> Salary | <input type="checkbox"/> Waratha/Heirs | <input type="checkbox"/> Financing Re-payment | <input type="checkbox"/> Foreign Remittances |
| <input type="checkbox"/> Investment in Securities | <input type="checkbox"/> Investment in Property & Land | <input type="checkbox"/> Others (Please Specify) | | |
| *Source of funds: <input type="checkbox"/> Salary | <input type="checkbox"/> Parents | <input type="checkbox"/> Personal Saving | <input type="checkbox"/> Rental/Profit | |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Other (Please Specify) | | | |

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 outgoing 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 If No, move to PEP section.

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**

PEP means currently or was formerly entrusted with a prominent public function in any country. This Includes currently or formally serving. Direct relative or "family members" includes Parent, Child, Spouse, Sibling, In law and in case of step parent- spouse, adopted child, step-child, adopted sibling, step-sibling and in laws. "Close associates" means a Colleagues or Personal advisors or business partner or have business relationship with PEP.

- Head of Government, President, Prime Minister, Minister and their deputies or any other equivalent position
- Advisors/Consultants of the head of state, prime ministers, minister and other equivalent position or bodies affiliated to Head of Government
- Head and Assistant of religious groups
- Important political party officials (Head, Secretary General)
- Any appointment based on Royal Decree
- Member of the Royal Family
- Rank of Colonel and above (Army, Navy, Air force, ROP, intelligence, investigation or law enforcement agency)
- Board members, President, Senior executive upwards (i.e. Vice President) of Central Banks
- Board members, Directors (CEO), Deputy Directors of government owned company
- Ambassador, Counselor, First Secretary, Charges d' affairs or Embassy Attache'
- Member of parliament, Shura Council, Oman Council, State council; or any equivalent body
- Judges of all Court level
- Board members, Directors (CEO), Deputy Director of an international organization (such as UN, WHO, UNESO..etc.)

| | Declaration | Primary Applicant | Second Applicant |
|----|---|--|--|
| a. | Are you or a current or former PEP? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, I am a- [I Omani PEP [] Foreign PEP [] International Organization PEP [] NGO | | |
| b. | Are you a "family member" of a current or former PEP? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. | Are you a "close associates" of a current or former PEP? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | If Yes, Please describe relation with the PEP: | | |

*NGO: non-governmental organizations / Not for profit organization

Name of PEP:..... Period of service: From to
 Country/ International organization:

*** 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:.....
 Current Position/Location:.....

Employment Proof: (select one of the below):

- Employee staff ID Latest Salary or Pay Slip Letter from Employer / Salary Certificate
 The salary is deposited into my account Commercial Registration (CR) for Self Employed/ Business Owner only

*** 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"/> Meethaq 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 |
| *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 |

For Current Account: Cheque book facility required (only applicable for OMR currency): Yes No, 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 have read and agree to observe and be bound by the Terms and Conditions governing this application form & as available <https://www.meethaq.om/en/about/Pages/Knowledge-Center.aspx> including other delivery channels, and understand that any changes made to them from time to time will be applicable to my account, 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.

I consent to receive my account statement through email. In case there is no/ invalid email, I consent to receive the account statement on my mobile number.

I/We confirm to have read and duly understood the Key Facts related to the product/service provided in this link in the following QR code:



Specimen Signature

(Primary Applicant/Guardian-operating this account)

To operate (select one):

- Single (Any applicant to sign)
- Joint (All applicants to sign jointly)

Specimen Signature

(Second Applicant)

For Bank Use Only

Check List

- ID documents obtained
- For Minor account, ID document of Natural/Legal Guardian
- For Minor account birth certificate
- Court order copy for court appointed guardian
- Proof of Employment documents obtained
- Passport (for non Omani) document obtained
- FATCA form obtained, if applicable

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.
- The salary deposited into the customers account.

CIF Number: Account Number:

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

Signature: Signature:.....

- Reference number after scanning and uploading in Omniflow is