

Account Opening & Customer Information Form (Personal Accounts)

بنك العز الإسلامي
alizz islamic bank



Date: DD MM YYYY

CIF No.:

Account No.:

For Bank use
Branch: _____

Note: Please complete in BLOCK letters and sign in the appropriate space:

RELATIONSHIP DETAILS

CIF Type: Single Joint Minor Trustee
 Account Type: Current Savings Bushra Izdihar Others _____
 Account Currency: OMR Other Currencies: _____
 Relationship Criteria: Salary Transfer Deposit Based Pension Salary Social Welfare

Purpose of opening the Account: _____

PERSONAL DETAILS (FIRST APPLICANT DETAILS)

Name(s) of Applicant(s)- as per ID Card: Title: Mr Mrs Ms Shaikh HE HH Others _____
 First Name Second Name Third Name Surname/Family Name

1. _____

Nationality	Civil ID/Resident Card	Expiry Date	Country and Place of Birth	Date of Birth	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F

Source of Income: Salary Own Business Others
 Sector (if salary): Government Semi-Government Private
 Name of the Employer: _____
 Nature of the Business: _____
 Designation: _____
 Employee No.: _____ Date of Joining: _____
 Passport No.*: _____
 Passport Expiry Date*: _____
 Visa No.*: _____ Visa Expiry Date*: _____
 Telephone: _____ Fax: _____
 Salary Income p.m.: _____ Other Income p.m.: _____
 Source of Other Income: _____
 * For Non Omani Nationals * Required fields

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): _____

 Tel.: _____

Residence Type in Oman Own Rented Provided by the company
 Living with Parents Others _____

Marital Status: Single Married Widow/er Divorced

Educational Level: Primary High School Graduate Post-Graduate Professional PhD

Hobbies/Interests: _____ Car Owner: Yes No

BANKING SERVICE REQUIRED

Cheque Book: 10 leaves 25 leaves Corporate Email Alerts for Account Transactions
 SMS Alert for Account Transactions: Arabic English

DEBIT CARDS

Please issue me/us Debit Card Supplementary
 Please do not issue me/us Debit Card
 First Applicant name to appear on the card as below: (English only: max 20 characters)

 Second Applicant-Supplementary Cardholder name: (English only: max 20 characters)

Supplementary Cardholder's Details
 ID/Passport No.: _____
 Limit to be assigned: _____
 Signature: _____
 Date: _____
 Supplementary card to be activated by principal cardholder

STATEMENT TYPE AND FREQUENCY

Method of Delivery

 Printed (Sent By Post) E-Statment

Frequency

Others *Charges applicable Monthly Quarterly Half-Yearly Yearly**SECOND APPLICANT DETAILS**Name(s) of Applicant(s)- as per ID Card: Title: Mr Mrs Ms Shaikh HE HH Others _____
First Name Second Name Third Name Surname/Family Name

1. _____

Nationality	Civil ID/Resident Card	Expiry Date	Country and Place of Birth	Date of Birth	Gender
					<input type="checkbox"/> M <input type="checkbox"/> F

Account Name (if joint account): _____

Account No: _____

Type of Relationship (if joint account): Father Mother Child Brother/Sister SpouseInstruction for Account Operation: Single Joint Others (please specify): _____Source of Income: Salary Own Business OthersSector (if salary): Government Semi-Government Private

Name of the Employer: _____

Nature of the Business: _____

Designation: _____

Employee No.: _____ Date of Joining: _____

Passport No.*: _____

Passport Expiry Date*: _____

Visa No.*: _____ Visa Expiry Date*: _____

Telephone: _____ Fax: _____

Salary Income p.m.: _____ Other Income p.m.: _____

Source of Other Income: _____

* For Non Omani Nationals * Required fields

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): _____

Tel.: _____

Residence Type in Oman Own Rented Provided by the company Living with Parents Others _____Marital Status: Single Married Widow/er DivorcedEducational Level: Primary High School Graduate Post-Graduate Professional PhDHobbies/Interests: _____ Car Owner: Yes No**POWER OF ATTORNEY** Yes No

Name of Trustee/ Delegated Person: _____ ID/Passport No.: _____

Email: _____ Telephone: _____ ID/Passport Expiry Date: _____

Power of Attorney Expiry Date: _____

ADDRESS OF POWER OF ATTORNEY - HOLDER

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): _____

Tel.: _____

FATCA GENERAL TERMS AND CONDITIONS

1- The Self Certification has been provided willingly without advice or help from the Bank. The customer understands that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of the application or other appropriate action taken against the customer.

Subject to applicable local laws and Shari'a principles, Alizz Islamic Bank (including branches) (collectively "the Bank") may share the customers information with domestic or overseas regulators or tax authorities where necessary to establish the customers tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, the Bank may withhold, and pay out, from the customer's account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives.

2- The Customer undertakes to notify the Bank within 30 calendar days if there is a change in any information which has been provided to the Bank.

a) particulars of the Customer, circumstances, FATCA status, including any change in citizenship, residence, tax residency, address(es) on record, telephone and facsimile numbers and email addresses;

and

(b) (where applicable) constitution of the Customer, shareholders, partners, directors or company secretary, trustees or the nature of the Customer's business.

3- The Customer will cooperate fully in respect of any enquiry that the Bank may make for the purposes of compliance with any applicable law (including the United States Foreign Account Tax Compliance Act (as may be amended, superseded or replaced) and/or any other reporting and/or withholding requirements of any government) including promptly providing all relevant information, details and/or documents as may be necessary to enable us to comply with the same.

Upon giving the Customer 30 (thirty) days' notice in writing, the customer agrees that the Bank has the right to deduct or withhold tax or any other sum or levy from the Customer's Account or from any payment or benefit that is payable to the Customer by the Bank or credited to the Customer's account; and to pay over or otherwise account for any such tax or equivalent sum to the relevant Tax Authority in accordance with the Bank's Tax and Accounting obligations and whether calculated by the Bank or as specified by a Tax Authority in accordance with any law, legislation or regulation of Oman or any foreign country;

and/or

To close the Customer's Account, suspend/block transactions or cease to provide services to the Customer in relation to the Account and/or terminate the Bank's relationship with the Customer.

4- Any sum that may be payable by the Bank to the Customer shall be subject to all applicable laws, including any withholding tax requirement, foreign exchange restriction or control. The Customer agrees and acknowledges that pursuant to the foregoing the Bank may perform, or cause to be performed withholding of any monies payable to the Customer, deposit any such monies into a sundry or other account and/or retain such monies pending determination of the applicability of such withholding tax requirement, foreign exchange restriction or control. The Bank shall not be liable for any losses that may be incurred by reason of such withholding, retention or deposit.

5- The customer shall hold the Bank harmless from any claims, liabilities, damages and losses in the event of non-fulfillment of the above undertaking. The customer hereby understands and acknowledges that the Bank is bound by certain global conditions, restrictions and legal declaration for providing services to US citizens/residents and that the citizenship/residency status can affect the nature and extent of the services that can be derived from the Bank.

I/We Confirm that i have received a copy, read and understood the Terms & Conditions of the FATCA.

Customer Signature: _____

Date: _____

DECLARATION

I/We confirm that the information given above is true and complete and that I/we have read, understood and Received a copy of the relevant General Terms and Conditions governing Shari'a Compliant Personal Accounts ("Terms and Conditions") and any Special Conditions applicable specifically to the type of account chosen by me/us. I/We understand and expressly agree to be bound by them whether set out in English and/or Arabic. I/We confirm that all expected inward remittance to my/our account(s) will comply with the stipulation of Central Bank of Oman.

This document along with the rest of above-mentioned documents shall form an integral part of the agreement between myself/ourselves and the Bank.

Name	Signature/Thumb Impression	Signature/Thumb Impression Verified (Bank use only)
First Applicant Date:		
Second Applicant (if joint account) Date:		

FOR BANK USE ONLY

List of documents obtained and verified against original/KYC steps

<input type="checkbox"/> National ID for Omanis	<input type="checkbox"/> Minor's Passport Number	<input type="checkbox"/> Delegation of Authority 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 for Expats	<input type="checkbox"/> ID Card for Guardians	<input type="checkbox"/> Birth Certificate (for Minor Account Only)

Customer Segment

Mass Market

Affluent

Wealth Management (HNW)

	Processed and input by	Data input verified and authorised by
For Branch Use		
For Operation Use		

Staff Code: _____

Staff Name: _____