



Date

For Bank Use Only

Customer ID	<input type="text"/>
Account Number	<input type="text"/>

Account Opening Form-Individual

Please fill the form in BLOCK LETTERS only. Fields marked * (star) are MANDATORY

The Manager,

Branch

Pubali Bank PLC

Dear Sir/Madam,

I/we am/are applying to open an account in your Branch. All information required to Account Opening is given below:

APPLICANT DETAILS

Account Title:	English	<input type="text"/>			
	Bangla	<input type="text"/>			
Type of Account	<input type="checkbox"/> Savings	<input type="checkbox"/> Current			
Currency	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EURO	<input type="checkbox"/> Others	<input type="text"/>
Initial Deposit (In Figure)	<input type="text"/>				
Other Facilities	<input type="checkbox"/> Debit Card	<input type="checkbox"/> SMS Alert	<input type="checkbox"/> Digital Banking	<input type="checkbox"/> E-Statement Facility	

COMMUNICATION/LOCAL ADDRESS

Account Holder's Name (BLOCK LETTER)	<input type="text"/>							
Account Holder's Name (Bengali)	<input type="text"/>							
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender
Mobile Number	<input type="text"/>		E-mail (BLOCK LETTER)	<input type="text"/>				
Father's Name	<input type="text"/>							
Mother's Name	<input type="text"/>							
Spouse's Name	<input type="text"/>							
Nationality	<input type="text"/>	Residential Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident				
Identity Document	<input type="checkbox"/> NID	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate	(For Non-Resident Status, Guidelines for Foreign Exchange Transactions directives to be followed by the Bank)				
	<input type="checkbox"/> Driving License	<input type="checkbox"/> Employee ID	<input type="checkbox"/> Student ID					
Identity Document Number	<input type="text"/>			Validity/Expiry	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Monthly Income	<input type="text"/>		Profession (Details)	<input type="text"/>				
Source of Fund	<input type="text"/>		TIN (if available)	<input type="text"/>				
Communication/Local Address	<input type="text"/>							
Permanent Address	<input type="text"/>							

NOMINEE INFORMATION

I/We, nominate the following person(s) to receive/draw the balance held in my/our account after my/our death. I/We reserve the right to cancel or change this nomination at any time. I/We hereby accord my/our consent that the bank shall not be liable in any manner whatsoever to make payment as per my/our instruction.

Name of the Nominee	<input type="text"/>				
Address	<input type="text"/>				
Relationship with A/C Holder	<input type="text"/>	Percentage	<input type="text"/> %		
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Identity Document	<input type="checkbox"/> NID	<input type="checkbox"/> Passport	<input type="checkbox"/> Birth Certificate		
	<input type="checkbox"/> Driving License	<input type="checkbox"/> Employee ID	<input type="checkbox"/> Student ID		

Identity Document Number

Validity/Expiry
If applicable

D D

M M

Y Y Y Y

Mobile Number

DETAILS OF GUARDIAN FOR MINOR NOMINEE (IF APPLICABLE)

If the nominee remains minor during settlement of the deposit amount after my/our death, I/We hereby authorize the following person to receive/draw the amount as per Bank Company Act, 1991 section 103(2)

Name of Authorized Person

Relationship with Nominee

Permanent Address

Identity Document NID Passport Birth Certificate

Driving License Employee ID Student ID

Identity Document Number

Validity/Expiry
If applicable

D D

M M

Y Y Y Y

Mobile Number

FATCA Declaration
 Are you a US resident? Y N
 Do you hold a US Permanent Resident Green Card? Y N
 Are you a US citizen? Y N
 Do you have a US residence address? Y N

I/We Hereby confirm the information provided above is true, accurate & complete. Subject to applicable laws, I hereby give consent to Pubali Bank PLC or any of its affiliates (including branches) (collectively 'The Bank') to share my information with domestic or overseas regulators, or tax authorities or other concerned authorities where necessary to establish my tax liability in any jurisdiction. Where required by domestic or overseas regulator or tax authorities, I consent and agree that the bank may withhold, and pay out, from my account(s) such amounts as may be required according to applicable laws, regulations, agreements with regulators or authorities and directives. I agree and undertake to notify the bank within 30 calendar days if there is a change in any information which have been provided to the bank.

Signature with date

 Applicant's Name

DECLARATION & SIGNATURE

I/we hereby certify that I/we have read all the terms/conditions relating to the account and the said rules obligation to comply with the terms and conditions. I/we hereby declare that the given information is true. I/We will provide any necessary customs/requirements of the Bank in addition to the information provided.

1st Applicant signature

 Please affix here recent Passport
 Size Photograph

2nd Applicant signature

 Please affix here recent
 Passport Size Photograph

3rd Applicant signature

 Please affix here recent
 Passport Size Photograph

Signature

 Signature

 Signature

Signature

 Signature

 Signature

Signature

 Signature

 Signature

Name : _____
 Date : _____
 Mobile No : _____

Name : _____
 Date : _____
 Mobile No : _____

Name : _____
 Date : _____
 Mobile No : _____

FOR BANK USE ONLY

Comments :

Account Opening Officer
 Signature and with Name seal of the officer

Account Approving Officer
 Signature and with Name seal of the officer