



Account Opening Form-Individual

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

For Bank Use Only	
Customer ID	<input type="text"/>
Account Number	<input type="text"/>

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

Bangla

Type of Account Savings Current

Currency USD GBP EURO Others

Initial Deposit (In Figure)

Other Facilities Debit Card SMS Alert Digital Banking E-Statement Facility

FACILITATOR'S INFORMATION

Account Holder's Name (BLOCK LETTER)

(Facilitator)

Account Holder's Name (Bengali)

Date of Birth Male Female Third Gender

Mobile Number E-mail (BLOCK LETTER)

Father's Name

Mother's Name

Spouse's Name

Nationality Residential Status Resident Non-Resident

(For Non-Resident Status, Guidelines for Foreign Exchange Transactions directives to be followed by the Bank)

Identity Document NID Passport Birth Certificate

Identity Document Number Validity/Expiry

Monthly Income Profession (Details)

Source of Fund TIN (if available)

Communication/Local Address

Permanent Address

Introducer's Information (For other identity document except NID)

Introducer's Name

Account No./ National ID

Date of Birth Mobile Number

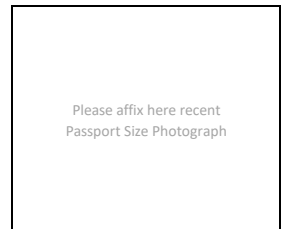
Signature of the Introducer Date

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

Address



Relationship with A/C Holder											Percentage	%							
Date of Birth	D	D	M	M	Y	Y	Y	Y											
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 <small>If applicable</small>	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	<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 <small>If applicable</small>	D	D	M	M	Y	Y	Y	Y							
Mobile Number																										
FATCA Declaration	Are you a US resident?		<input type="checkbox"/> Y	<input type="checkbox"/> N	Do you hold a US Permanent Resident Green Card?		<input type="checkbox"/> Y	<input type="checkbox"/> N																		
	Are you a US citizen?		<input type="checkbox"/> Y	<input type="checkbox"/> N	Do you have a US residence address?		<input type="checkbox"/> Y	<input type="checkbox"/> N																		

If your answer is yes to any of the questions, please fill up the additional supplementary account opening form for compliance of **Foreign Account Tax Compliance Act (FATCA)**

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

REMITTER'S INFORMATION

Account Holder's Name (BLOCK LETTER)																										
Date of Birth	D	D	M	M	Y	Y	Y	Y	<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Third Gender												
Mobile Number											E-mail (BLOCK LETTER)															
Nationality											Residential Status	<input type="checkbox"/>	Resident	<input type="checkbox"/>	Non-Resident											
Identity Document	<input type="checkbox"/>	Passport	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	Others																				
	<input type="checkbox"/>	Driving License	<input type="checkbox"/>	Employee ID	<input type="checkbox"/>	Student ID																				
Identity Document Number											Validity/Expiry <small>If applicable</small>	D	D	M	M	Y	Y	Y	Y							
Communication Address																										

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
Signature
Signature

2nd Applicant signature
Please affix here recent Passport Size Photograph
Signature
Signature

3rd Applicant signature
Please affix here recent Passport Size Photograph
Signature
Signature

Signature

Signature

Signature

Name : _____

Name : _____

Name : _____

Date : _____

Date : _____

Date : _____

Mobile No : _____

Mobile No : _____

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