

Account Opening Application Form

Corporate Banking

Use this form to:

- Open a new account as a new customer
- Open an additional account as an existing customer.

How to fill in this form on paper

- Please complete in ballpoint pen using BLOCK CAPITALS
- Please tick boxes that apply like this ☒
- Leave boxes blank if they don't apply to you
- If you make a mistake please print a fresh page
- Do not use correction fluid
- Keep a copy for your records.

How to fill in this form electronically

- To fill the form out type directly into the boxes
- Please tick the boxes that apply
- Leave boxes blank if they don't apply to you and they are not required
- Keep a copy of your completed form for your records.

Printing sections to sign

- All sections that require a signature must be printed, signed by hand and supplied back to your Relationship Team

Please check that you have:

- Correctly answered all of the required questions that apply to your business or organisation
- Supplied the printed and signed pages where required
- Supplied any other documents we have asked for.

Part A. About your business or organisation

Name of business or organisation *(As registered with the relevant Companies registry)*

Trading name if different from the registered name

Registered address

Postcode/ZIP	
Country	
Telephone	
Fax	

Date of incorporation* *(DD/MM/YYYY)*

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Country of incorporation*

Date the organisation was formed or established *(DD/MM/YYYY)*

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Business Commencement Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Business/trading address
(If different from registered address)

Postcode/ZIP	
Country	
Telephone	
Fax	

Registration number
(As registered with the relevant Companies registry)

Tax ID number in country of residence
(If applicable, e.g. VAT number)

Tax residency
(Country where you are paying taxes)

Number of employees/members

Website

Correspondence address
(If different from registered address)

Postcode/ZIP	
Country	
Telephone	
Fax	

Additional Correspondence address entries should be noted on this page, which can be found at the back of this application form.

Part B. Nature of your business or organisation

Business/organisation legal entity type

Please provide a detailed description of the business activity of your organisation
(Including main country of operation and, where applicable, your typical clients and end users)

Please provide details of stock exchange listing(s) of your organisation on a regulated market
(Name of stock exchange/Share Capital)

Expected annual turnover of your business/organisation

Currency

Annual turnover for the last year of your business/organisation

Currency

If you are part of a group structure please also give the turnover amounts for this group:

Expected annual turnover

Currency

Annual turnover for the last year

Currency

Does your business/organisation need to be registered with a regulatory body? (e.g. Financial regulator)

No ☐ Yes - If yes, please provide the name of the body

Statement of Affairs of the organisation

Please only complete the following two questions if you are unable to provide us with your last audited accounts

Estimated total asset value

Currency

Estimated total liability value

Currency

Part C. Countries traded with

Please list all the countries you trade or conduct any business with.

This includes:

- 1. Traditional import and/or export activity (e.g. export of manufactured goods for wholesale/retail market overseas);
- 2. The supply and/or sourcing of goods overseas such as raw materials, specialist machinery, etc;
- 3. Provision of professional services (e.g. professional legal or consultancy services) to or form a business domiciled in other countries;
- 4. Making or receiving regular payments in respect of business activities outlined in points 1, 2, and 3 above;
- 5. Countries of investment for Investment Holding Companies (existing and targeted)

Important: any business (except in Zimbabwe) which you undertake through us involving any party subject to economic sanctions imposed by applicable local, UK, EU, US or UN authorities (whether directly or indirectly), involving business with certain countries such as Sudan, South Sudan, Iran, Myanmar (Burma), Cuba, North Korea and Syria is subject to certain restrictions. It is important we make you aware of these restrictions as they may affect the way in which we operate your account*.

If your business has or intends to have associations or connections with the above referenced parties or countries (Whether direct or indirect, trade related or otherwise) you must list them below along with any country you may trade with. Depending on the precise facts, it may be permissible to undertake certain transactions but we will have to clarify the facts first.

*This list may be subject to change. If in doubt, you should contact us to discuss.

Do you trade with any Prohibited Countries?

☐ I/We DO ☐ DO NOT trade with any Prohibited Countries (Please tick the appropriate box)

Please list below all countries you trade with and the percentage of turnover that trade with this country represents. Please tick the box if you have a branch in that country.

Country	% turnover	Branch	Country	% turnover	Branch

Please provide a list of remaining countries where you have branches (If not already provided above)

Public Official/Politically Exposed Person? ☐ Yes ☐ No.

If yes please indicate below the type of relationship with PEP:

a) related party owns or controls more than 25% of the entity ☐

b) related party has significant influence on Strategy or Direction of entity ☐

c) other

Part D. Details of key officials, shareholders and authorised signatories

Please provide details of your key officials (for example: Company Secretary, all Board Directors or equivalent), shareholders, beneficial owners, ultimate beneficial owners and authorised signatories. Please also list parties with a shareholding/beneficial ownership of 10 % or more. Include any shareholders holding shares in a nominee or trust capacity for a third party.

Key official 1

Title	Surname
Forename	Middle name(s)
Residential address	
Postcode/ZIP	
Country	
Telephone	
Nationality	Date of birth (DD/MM/YYYY)
Position held	Place of birth
ID/Passport/Driver's Licence Number	Date of issue
Issue Office	
Proof of residence details	
a. Type	b. Number
Authorised person on signature mandate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% Shareholding (if applicable)	
Do you have an account with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US person? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Key official 2

Title	Surname
Forename	Middle name(s)
Residential address	
Postcode/ZIP	
Country	
Telephone	
Nationality	Date of birth (DD/MM/YYYY)
Position held	Place of birth
ID/Passport/Driver's Licence Number	Date of issue
Issue Office	
Proof of residence details	
a. Type	b. Number
Authorised person on signature mandate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% Shareholding (if applicable)	
Do you have an account with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US person? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Key official 3

Title	Surname
Forename	Middle name(s)
Residential address	
Postcode/ZIP	
Country	
Telephone	
Nationality	Date of birth (DD/MM/YYYY)
Position held	Place of birth
ID/Passport/Driver's Licence Number	Date of issue
Issue Office	
Proof of residence details	
a. Type	b. Number
Authorised person on signature mandate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% Shareholding (if applicable)	
Do you have an account with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US person? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Key official 4

Title	Surname
Forename	Middle name(s)
Residential address	
Postcode/ZIP	
Country	
Telephone	
Nationality	Date of birth (DD/MM/YYYY)
Position held	Place of birth
ID/Passport/Driver's Licence Number	Date of issue
Issue Office	
Proof of residence details	
a. Type	b. Number
Authorised person on signature mandate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
% Shareholding (if applicable)	
Do you have an account with us? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a US person? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Key official 5

Title	Surname
<input type="text"/>	<input type="text"/>
Forename	Middle name(s)
<input type="text"/>	<input type="text"/>
Residential address	
<input type="text"/>	
Postcode/ZIP	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Nationality	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Position held	Place of birth
<input type="text"/>	<input type="text"/>
ID/Passport/Driver's Licence Number	Date of issue
<input type="text"/>	<input type="text"/>
Issue Office	
<input type="text"/>	
Proof of residence details	
a. Type	b. Number
<input type="text"/>	<input type="text"/>
Authorised person on signature mandate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
% Shareholding (if applicable)	<input type="text"/>
Do you have an account with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Key official 6

Title	Surname
<input type="text"/>	<input type="text"/>
Forename	Middle name(s)
<input type="text"/>	<input type="text"/>
Residential address	
<input type="text"/>	
Postcode/ZIP	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Nationality	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Position held	Place of birth
<input type="text"/>	<input type="text"/>
ID/Passport/Driver's Licence Number	Date of issue
<input type="text"/>	<input type="text"/>
Issue Office	
<input type="text"/>	
Proof of residence details	
a. Type	b. Number
<input type="text"/>	<input type="text"/>
Authorised person on signature mandate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
% Shareholding (if applicable)	<input type="text"/>
Do you have an account with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Key official 7

Title	Surname
<input type="text"/>	<input type="text"/>
Forename	Middle name(s)
<input type="text"/>	<input type="text"/>
Residential address	
<input type="text"/>	
Postcode/ZIP	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Nationality	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Position held	Place of birth
<input type="text"/>	<input type="text"/>
ID/Passport/Driver's Licence Number	Date of issue
<input type="text"/>	<input type="text"/>
Issue Office	
<input type="text"/>	
Proof of residence details	
a. Type	b. Number
<input type="text"/>	<input type="text"/>
Authorised person on signature mandate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
% Shareholding (if applicable)	<input type="text"/>
Do you have an account with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Key official 8

Title	Surname
<input type="text"/>	<input type="text"/>
Forename	Middle name(s)
<input type="text"/>	<input type="text"/>
Residential address	
<input type="text"/>	
Postcode/ZIP	<input type="text"/>
Country	<input type="text"/>
Telephone	<input type="text"/>
Nationality	Date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
Position held	Place of birth
<input type="text"/>	<input type="text"/>
ID/Passport/Driver's Licence Number	Date of issue
<input type="text"/>	<input type="text"/>
Issue Office	
<input type="text"/>	
Proof of residence details	
a. Type	b. Number
<input type="text"/>	<input type="text"/>
Authorised person on signature mandate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
% Shareholding (if applicable)	<input type="text"/>
Do you have an account with us?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a US person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Part E. Details of corporate bodies

(This section can be left blank if you have previously supplied us with this information)

Please list all the corporate bodies who are your beneficial owner, ultimate beneficial owner, immediate parent company, ultimate group parent company, shareholder or perform business activities on your behalf. Corporate body shareholders must provide a structure chart for their parent body. Please also list parties with a shareholding/beneficial ownership of 10 % or more.

Bearer Shares

Bearer shares are shares which can be transferred to any one person by way of holding a share certificate, the shares within the company can change by way of a stock certificate which is the property of whoever happens to be in possession of it at any given time. Accordingly, no record of ownership is maintained by the issuing company.

Are there any Bearer shares in the issued share capital of the company, or any other companies in the upward ownership structure? ☐ Yes ☐ No

Corporate body 1

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Corporate body 2

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Corporate body 3

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Corporate body 4

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Corporate body 5

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Corporate body 6

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Corporate body 7

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Corporate body 8

Name of business

Registered address

Postcode/ZIP

Country

Country of registration

Date of registration

Registration number

% Shareholding (if applicable)

Nature of business

Are any of the shareholders/ultimate beneficial owners listed above holding shares in trust for one or more undisclosed third parties?

☐ No ☐ Yes - If yes, please provide details below and a certified copy of the trust deed, including PAN number, address proof, name of trustees and beneficial owners of the trust

If your business or organisation, immediate parent or ultimate group parent company has an existing relationship with First Capital Bank please give details below

Description/Country/Account Number/details of Relationship Manager

Are any of the parent companies listed on a stock exchange?

☐ No ☐ Yes — If yes, which stock exchange(s)?

Part F. Main account contacts

(Please give account contacts so we can get in touch with if we need to)

Account contact person 1

Title/Forename/Surname

Position in business

Telephone number

Email address

Please list the countries/accounts for which this person can be contacted

Please specify the type of queries that can be referred to this person

Account contact person 2

Title/Forename/Surname

Position in business

Telephone number

Email address

Please list the countries/accounts for which this person can be contacted

Please specify the type of queries that can be referred to this person

Account contact person 3

Title/Forename/Surname

Position in business

Telephone number

Email address

Please list the countries/accounts for which this person can be contacted

Please specify the type of queries that can be referred to this person

Account contact person 4

Title/Forename/Surname

Position in business

Telephone number

Email address

Please list the countries/accounts for which this person can be contacted

Please specify the type of queries that can be referred to this person

Additional questions for your account(s)

Your account requirements

To open one or more accounts please indicate the Account Type and Currency Code of the account in the table below. If in doubt ask your Relationship Team about the name of the product best suited to your needs.

Type of Account	Currency			Purpose of Account

Initial deposit amount

Account details of the initial fund transfer

Source of initial funds

Account address

(If the address for above account(s) is the same as the address provided in Section A then please tick Registered/Correspondence or Business/Trading box. If different from address in section A then please specify the address in Other Address box)

Registered	Correspondence	Business/Trading	Other Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Statement requirements

Paper Statement	E-Statement	Email Address
<input type="checkbox"/>	<input type="checkbox"/>	

How often do you need statements?

Daily	Weekly	Fortnightly	Monthly	Quarterly	Six Monthly	Yearly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where should we send your statements to?

Mailing Address				
Held for Collection	Registered	Correspondence	Business/Trading	Other Address
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cheque book requirements

Product	Required	Additional Details
Cheque Book	<input type="checkbox"/>	
Deposit Book	<input type="checkbox"/>	

Other product/service requirements

Please indicate any additional products or services you would like to use or require further information on

Internet Banking	Debit Card	Credit Card	Cash Management	Insurance	Business Club
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Expected account activity

Please enter the expected account activity for the option selected above

☐ Monthly ☐ Yearly

Deposits		Withdrawal / Payments	
Frequency	Amount	Frequency	Amount

Internet Gambling activity involvement

Is your business/organisation involved in Internet Gambling activity or provides infrastructural support to Internet Gambling companies?

☐ Yes ☐ No

For Bank Use Only

Name of RM opening account

Signature

Name of RM opening account

Signature

Customer Declaration

Declaration to open accounts for the first time

To complete your application, you must give the declaration below.

By signing the application:

1. You confirm the information in this application is correct and agree we may take steps to verify it. You will promptly notify us of any changes to the information you have given.
2. You request for account(s) to be opened.
3. You acknowledge you have been provided with a copy of the Core Terms, and the Country Terms, Regulatory Information Guide and Processing Guide.
4. You agree to the relevant Customer Agreement.
5. You agree we may contact you using the details you have provided, and use your personal information as set out in Regulatory Information Guide.
6. You confirm that the individuals authorised to give payment instructions are set out in the relevant mandate that you provide to us from time to time.

How to sign this application

(i) Companies = 2 directors or a director and company secretary, (ii) partnerships = all of the partners or a properly evidenced (in our opinion) authorised signatory(ies), (iii) sole trader = the sole trader.

Signed by a business or legal representative or other signatory of the business who has the authority to sign this application according to the organisation's constitutional documents, board or members' resolutions, partnership agreement, trust deed, power of attorney, or some other form of authority.

Signatures

For and on behalf of *(Business/Organisation name)*

Signature

Title

Name and surname *(in block capitals)*

Date *(DD/MM/YYYY)*

Signature

Title

Name and surname *(in block capitals)*

Date *(DD/MM/YYYY)*

Signature

Title

Name and surname *(in block capitals)*

Date *(DD/MM/YYYY)*

Signature

Title

Name and surname *(in block capitals)*

Date *(DD/MM/YYYY)*

Signature

Title

Name and surname *(in block capitals)*

Date *(DD/MM/YYYY)*

Signature

Title

Name and surname *(in block capitals)*

Date *(DD/MM/YYYY)*