

Business Banking

Account Opening Application Form



Details of business

Company name

Trading name (If different from the registered name)

Nature of business (Industry) Manufacturing Financial Export/Import Services Retail Wholesale Consultancy
Other (specify)

Certificate of Reg./
Incorporation No.

Country of incorporation

Date of incorporation D | D | M | M | Y | Y

PIN (if any)

Contact address

Postal address

Postal code

Town/City

Country

Telephone

Fax number

Cell phone number

E-Mail

Website

Email address

Physical address

Location/

Street

Building

Floor/Door number

Building block number

Personal director details

Full name as per ID

Gender M F

Surname

Other names

Nationality

Date of birth

Marital status

P.O. Box No.

Postal code

ID/Passport No.

Expiry date (where applicable) D | D | M | M | Y | Y

Tel

Personal mobile

Physical address: Location

Building No.

House/Estate No.

List of accounts with other banks

A/C No.	Bank	Branch

Personal director details

Full name as per ID

Gender M F

Surname

Other names

Nationality

Date of birth

Marital status

P.O. Box No.

Postal code

ID/Passport No.

Expiry date (where applicable) D | D | M | M | Y | Y

Tel

Personal mobile

Physical address: Location

Building No.

House/Estate No.

List of accounts with other banks

A/C No.	Bank	Branch

Account details

Type of company

- Limited liability
 Partnership
 Sole proprietorship
 Informal body e.g school, trust
 Foundation/NGO
 (LTD) Other (specify)

I/We hereby apply for:
 Business Current Other
 Savings
 Transactional
 Fixed Deposit
 Call Deposit
 (specify)

Currency: Foreign currency(specify)

Financial information

Please tick in the relevant boxes below to indicate the expected normal range of activity in your account

Turnover (USD)

Transaction type	Anticipated No. of monthly transactions	Amount
Deposit	<input type="checkbox"/> 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> >50	<input type="checkbox"/> 25,000 to 50,000 <input type="checkbox"/> 50,000 to 150,000 <input type="checkbox"/> >150,000
Withdrawal	<input type="checkbox"/> 0-10 <input type="checkbox"/> 11-50 <input type="checkbox"/> >50	<input type="checkbox"/> 25,000 to 50,000 <input type="checkbox"/> 50,000 to 150,000 <input type="checkbox"/> >150,000

Reason for opening an A/C

- Business investment
 Transactional
 Overdraft
 Loan repayment
 Other (specify)

Name of Applicant

Mobile telephone No.

I/We confirm that the information given above is true to the best of my/our knowledge. By signing on this form I/We request you to open an account in my/our name (s). I/We agree that I/We have read, understood and accepted the terms and conditions of this account, supplied separately, and agree to be bound by them. I/We hereby authorize the Bank to disclose any information relating to my/our account (s) to any credit reference agency, any other institution or third party as it deems necessary.

Customer Details

	1st applicant	2nd applicant	3rd applicant	4th applicant
Name				
ID Number				
Date				

Special Instructions/signing mandate

Date D | D | M | M | Y | Y

Branch's official stamp

Schedule 4

List of Contacts

1. INTERNET BANKING NOTIFICATION:

Any kind of notifications and communication with CP via online system.

Name, Surname	Click or tap here to enter text.
Position	Click or tap here to enter text.
Email	Click or tap here to enter text.

1.1. If you want to use this contact* for the all functions mentioned below, please mark -

* Mentioned contact person must have an access rights to the CP online system.

2. COMPLIANCE ISSUES:

Notifications and communication related to AML and compliance requests.

Name, Surname	Click or tap here to enter text.
Position	Click or tap here to enter text.
Email	Click or tap here to enter text.

3. FINANCE ISSUES:

Notifications and communication related to settlement, balance top-up, recalls and other financial issues.

Name, Surname	Click or tap here to enter text.
Position	Click or tap here to enter text.
Email	Click or tap here to enter text.

4. TECHNICAL ISSUES:

Notifications and communication related to technical information and/or production issues.

Name, Surname	Click or tap here to enter text.
Position	Click or tap here to enter text.
Email	Click or tap here to enter text.

Client AML Policy

List of documents that should be provided by the client:

- Account Opening Application Form
- Certificate of Incorporation, AOA, MOA, AML/CFT Policy
- Certificate of Shareholders
- Bank statement (no older than 3 months)
- Copy of passport of Director/UBO/Beneficiary
- Confirmation of beneficiary residential address such as utility's bill(no older than 6 months)

The Client declares that all the information and document submitted to CP are reliable, contains true and valid data. The Client must carefully follow the changes and if any occurs immediately submit updated information to CP.

The client does not deal with Persons (individual and corporate) resident in the jurisdictions that are included in the Financial Action Task Force (FATF) list of states - non-collaborators (Democratic People's Republic of Korea (DPRK), Cuba, Syria)

Please share all the documents along with the application form on info@capripayment.com