

## ACCOUNT OPENING FORM - BUSINESS/INSTITUTION

For Bank Use Only

CIF  
No.:

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## Business/Institution Information

Name of Business/Institution:		Registration No.:
Trading Name and Associated Registration No: (If different from Name of Business/ Institution above associated)		
Contact Person Name:	Contact Person Email:	
Contact Person Number:	Contact Person Designation:	

## Account Information

Purpose of Opening Accounts (Select one or more): ☐ Sales & Business Operations ☐ Trade Remittance  
☐ Other, please specify: \_\_\_\_\_

## Account Choices (Select one or more)

☐ Current Account: Currency Options (Select one or more):

☐ MVR ☐ USD ☐ EUR ☐ AED ☐ MYR ☐ CNY  
☐ INR ☐ Other:

☐ Savings Account: Currency Options (Select one or more):

☐ MVR ☐ USD ☐ EUR ☐ AED ☐ MYR ☐ CNY  
☐ INR ☐ Other:

☐ Investment/Term Deposit Account: Currency Options (Select one or more):

☐ MVR ☐ USD ☐ EUR ☐ AED ☐ MYR ☐ CNY  
☐ INR ☐ Other:

☐ Call Account: Currency Options (Select one or more):

☐ MVR ☐ USD ☐ EUR ☐ AED ☐ MYR ☐ CNY  
☐ INR ☐ Other:

Do you wish to have access to internet banking. ☐ Yes ☐ No

How frequently do you wish to receive bank statements for your accounts. ☐ Monthly ☐ Quarterly ☐ Semi-Annually  
☐ Annually

Please specify the email address you would like to receive your bank statements:

## Declarations

- ☐ The information provided in this application is completely authentic and verifiable.  
☐ I/We have reviewed the Terms and Conditions of this form and hereby agree to comply with and be bound by the same.  
☐ I/We acknowledge and accept the Bank's Schedule of Charges and Fees, as amended from time to time.

To be signed below only by authorized/approved person(s) allowed to open accounts on behalf of the Business/Institution as listed on your Master Bank Resolution. Signatories are not required to sign below.

Name:

Name:

Designation:

Designation:

Signature:

Signature:

Name:

Designation:

Signature:

Name:

Designation:

Signature:

Name:

Designation:

Signature:

Company Seal:

Date:

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Forms and supporting documents	Staff ID	Signature	Date
Received by			
Checked by			
Authorized by			