

## ACCOUNT OPENING FORM - BUSINESS/INSTITUTION

For Bank Use Only

CIF  
No.:

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## Business/Institution Information

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

Purpose of Opening Accounts (Select one or more):	<input type="checkbox"/> Sales & Business Operations	<input type="checkbox"/> Trade Remittance
	<input type="checkbox"/> Other, please specify: _____	

## Account Choices (Select one or more)

<input type="checkbox"/> Current Account: Currency Options (Select one or more):	<input type="checkbox"/> MVR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> AED	<input type="checkbox"/> MYR	<input type="checkbox"/> CNY
	<input type="checkbox"/> INR	<input type="checkbox"/> Other: _____				

<input type="checkbox"/> Savings Account: Currency Options (Select one or more):	<input type="checkbox"/> MVR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> AED	<input type="checkbox"/> MYR	<input type="checkbox"/> CNY
	<input type="checkbox"/> INR	<input type="checkbox"/> Other: _____				

<input type="checkbox"/> Investment/Term Deposit Account: Currency Options (Select one or more):	<input type="checkbox"/> MVR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> AED	<input type="checkbox"/> MYR	<input type="checkbox"/> CNY
	<input type="checkbox"/> INR	<input type="checkbox"/> Other: _____				

<input type="checkbox"/> Call Account: Currency Options (Select one or more):	<input type="checkbox"/> MVR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> AED	<input type="checkbox"/> MYR	<input type="checkbox"/> CNY
	<input type="checkbox"/> INR	<input type="checkbox"/> Other: _____				

Do you wish to have access to internet banking.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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How frequently do you wish to receive bank statements for your accounts.	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually
	<input type="checkbox"/> Annually		

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

Company Seal:

Designation:

Signature:

Date:

## For Bank Use Only

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