



HBZ BANK LTD

(A Subsidiary of Habib Bank AG Zurich)

ISLAMIC BANK BUSINESS ACCOUNT OPENING FORM

Please complete un-shaded areas in Capital Letters

Date:

Branch:

Type of Account: Current Call Time Deposit
Saving

Please note you cannot open a call or time deposit account without opening either a current or savings account

Type of Entity: Sole Proprietor Close Corporation Company
Partnership Trust Association / Club

A. PARTICULARS OF ENTITY / SOLE PROPRIETOR / PARTNERSHIP / ASSOCIATION / CLUB

| | | | |
|--|--------------|-------------|--------|
| Registered name (account title): | | | |
| Trading as (if not same as account title): | | | |
| Name of sole proprietor (if applicable): | | | |
| Registration number (if applicable): | | | |
| NPO number of applicant (if applicable): | | | |
| Country of incorporation (If applicable): | | | |
| Business Commencement date: | | | |
| Physical business address: | | | |
| | | Postal code | |
| Postal address: | | | |
| | | Postal code | |
| Email address: | | | |
| Home telephone no.: | Country Code | Area Code | Number |
| Work telephone no.: | Country Code | Area Code | Number |
| Cell. no.: | Country Code | Area Code | Number |
| Fax no.: | Country Code | Area Code | Number |

B. ASSOCIATED PERSONS

This section must be completed by all individuals involved in the entity in any of the following capacities:

Director, Member, Partner (including Silent Partner), Sole Proprietor, and / or Shareholder / Owner holding more than 10% and additional signatory

| | | | | |
|---|---|--------------|-------------------|--------|
| 1 | Full name: | | | |
| | Identity number / valid passport number: | | | |
| | Passport issuing country (if applicable): | | | |
| | Passport expiration date (if applicable): | | | |
| | Residential address: | | | |
| | | | | |
| | | | Postal code | |
| | Country of residence: | | | |
| | Nationality: | | Country of birth: | |
| | Additional nationality (in case of dual nationality): | | | |
| | Email address: | | | |
| | Home telephone no.: | Country Code | Area Code | Number |
| | Work telephone no.: | Country Code | Area Code | Number |
| | Cell. no.: | Country Code | Area Code | Number |
| Fax no.: | Country Code | Area Code | Number | |
| Capacity (e.g. Director, Member, Shareholder, Signatory etc.) | | | | |

| | | | | |
|---|---|--------------|-------------------|--------|
| 2 | Full name: | | | |
| | Identity number / valid passport number: | | | |
| | Passport issuing country (if applicable): | | | |
| | Passport expiration date (if applicable): | | | |
| | Residential address: | | | |
| | | | | |
| | | | Postal code | |
| | Country of residence: | | | |
| | Nationality: | | Country of birth: | |
| | Additional nationality (in case of dual nationality): | | | |
| | Email address: | | | |
| | Home telephone no.: | Country Code | Area Code | Number |
| | Work telephone no.: | Country Code | Area Code | Number |
| | Cell. no.: | Country Code | Area Code | Number |
| Fax no.: | Country Code | Area Code | Number | |
| Capacity (e.g. Director, Member, Shareholder, Signatory etc.) | | | | |

If there is not enough space to complete details of all relevant individuals, please attach a separate schedule.

C. ASSOCIATED PERSONS (Trust, Association / Club only)

In respect of Trusts, Associations / Clubs, please complete the Bank's "Form T" instead of the above.

D. ESTABLISHMENT OF MANAGER’S (CEO or equivalent) IDENTITY

| | | | |
|---|--------------|-------------------|--------|
| Full name: | | | |
| Identity number / valid passport number: | | | |
| Passport issuing country (if applicable): | | | |
| Passport expiration date (if applicable): | | | |
| Residential address: | | | |
| | | Postal code | |
| Country of residence: | | | |
| Nationality: | | Country of birth: | |
| Additional nationality (in case of dual nationality): | | | |
| Email address: | | | |
| Home telephone no.: | Country Code | Area Code | Number |
| Work telephone no.: | Country Code | Area Code | Number |
| Cell. no.: | Country Code | Area Code | Number |
| Fax no.: | Country Code | Area Code | Number |
| Capacity (CEO, Senior manager etc.) | | | |

E. INCOME TAX / VAT DECLARATION

| | | | |
|---|---|--|--|
| Income tax no.: | | | |
| VAT registration no. (if applicable): | | | |
| If the entity is not currently registered for Income Tax and / or VAT, please confirm the following by ticking the appropriate box: | Currently in the process of registering with the South African Revenue Service. | | |
| | Total turnover in any given financial year does not exceed the maximum VAT threshold for registration purposes. | | |
| Documentary proof of Income Tax and/or VAT registration <i>if available (tick the applicable box):</i> | is attached | Will immediately be provided to the Bank, once registered. | |

F. COMMON REPORTING STANDARD (the CRS)

In October 2014, over 100 countries endorsed the Standard of Automatic Exchange of Financial Account Information in Tax Matters, hereinafter referred to as the Common Reporting Standard (the CRS) to promote tax transparency and fight against tax evasion. Full details on the CRS together with the applicable self-certification form covering the data fields necessary under the CRS, are attached. **Please complete the Entity Self-Certification form for Tax Purposes (CRS). In respect of Sole Proprietors and Partners in a Simple Partnership (between natural persons) please complete the Individual Self-Certification form for Tax purposes (CRS) instead.**

G. ELECTRONIC INSTRUCTIONS

In consideration of the Bank making or continuing to make banking facilities available to the entity, please confirm whether the Bank is authorised to accept telephonic, facsimile or email instructions (“Electronic Instructions”) in relation to the account being applied for*

Yes

No

* Please see section 7 and 7.4 of the General Terms and Conditions, where you indemnify the Bank against any losses incurred as a result of executing it.

H. USA FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

- If you are a **Sole Proprietor or a Simple Partnership** (partnership between natural persons), please complete the **FATCA Individual Self-Certification Form**.
- If you are any other type of entity (**Company, Close Corporation, Complex Partnership** (partnership between entities and / or natural persons), **Trust or Association / Club**), please complete the section below.

Is the entity an active non – financial entity (NFFE)¹?

| | |
|--------------------------------|--------------------------------|
| Yes – Active ² NFFE | No – Passive ³ NFFE |
|--------------------------------|--------------------------------|

If Yes – Active NFFE – Is the entity registered in the US or are any of the Controlling Persons (a natural person who exercises control over an entity i.e. shareholders, members, partners, etc) US residents or citizens?

| | |
|--|----------------------------------|
| Yes – US persons to complete the W9 form | No – Nothing further to complete |
|--|----------------------------------|

If NO – Passive NFFE, please complete the **Self – Certification of U.S. Person status for Owners / Controlling Persons of Entities form**.

I. REQUISITION FOR CHEQUE BOOK

Is a cheque book required – for current account only?

| | |
|-----|----|
| Yes | No |
|-----|----|

If yes, do you need a

| | |
|---------|----------|
| 40 leaf | 200 leaf |
|---------|----------|

Please note that the cost of the cheque book will be debited to your account.

J. STATEMENTS

Frequency of statement

| | | | |
|---------|-----------|-------------|-------|
| Monthly | Quarterly | Half yearly | Never |
|---------|-----------|-------------|-------|

Mode of statement

| | | |
|-------|------|---|
| Email | Post | (Only for current account with cheque book) |
|-------|------|---|

K. INTERNET BANKING

Mandate for capturing and authorisation of Internet transactions.

I / We confirm that the mandate for authorising Internet transactions in the account held at the Bank is the same as the original mandate given to the Bank and this is as follows:

| | Signatory name | Log-in Name | Cell Phone Number | E-mail address | OTP and / or SMS |
|---|----------------|-------------|-------------------|----------------|------------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Persons authorised to receive PIN Mailers containing password:

I / We authorise that the PIN Mailers containing the password(s) to access HBZWeb be sent to all person listed as signatories above.

¹ In terms of FATCA, an NFFE is defined as an entity conducting an operating business that is not a financial institution and is mainly engaged in a manufacturing or commercial business.

² An Active NFFE has:

- a. More than 50% of its gross income deriving from an active, non-financial business activity; and
- b. Less than 50% of its assets are held for the production of passive income.

(Financial business activity means earning income from portfolio management, investing, administering or managing funds, money or financial assets for customers or clients)

³ A Passive NFFE is an entity that derives more than 50% of its income from interest, dividends, income equivalent to interest, rent and

royalties, annuities, the excess of gains over losses from the sale or exchange of property etc.

SMS Internet Banking Service

In order to avail the SMS Internet Banking Services, please complete the section below: *Please cross (X) the checklist below for the SMS service you require, and complete the amounts that you decide.*

BALANCE INQUIRY

| | | |
|---------------------|---|--|
| Daily Balance | | |
| Debit Balance Over | R | |
| Debit Balance Below | R | |

| | | |
|----------------------|---|--|
| Credit Balance Over | R | |
| Credit Balance Below | R | |

TRANSACTION INQUIRY

| | | |
|--------------------------|---|--|
| All Transactions | | |
| All Debit Transactions | | |
| Debit Transactions Over | R | |
| Debit Transactions Below | R | |

| | | |
|-------------------------------|---|--|
| All Credit Transactions | | |
| All Credit Transactions Over | R | |
| All Credit Transactions Below | R | |

L. DECLARATION & CONSENT

I / We the undersigned:

- a. warrant that the information contained in this application form is true and correct;
- b. agree to provide the Bank upon request with any additional information or documentation that the Bank may require;
- c. undertake to advise the Bank immediately of any changes affecting the information supplied in this application form;
- d. authorise the Bank to make such enquiries and check such references as it may consider necessary before and at any time after opening the Bank account(s) applied for;
- e. warrant you I/we complied with all corporate actions such as passing proper resolutions and due authorisations and are properly authorised to sign this application form;
- f. agree that the Terms and Conditions printed on the reverse side of this application form will apply to any account opened by the Bank and to any facility granted to me / us by the Bank; and
- g. confirm that I / we have read, understand and accept the General Terms and Conditions attached as Annexure A to this application form.
- h. confirm that I / we have not given any charge or debenture on any of book debts / monetary claims / other debts in an action in which I/we are legally, beneficially or otherwise interested (and the proceeds thereof) with any financial / commercial / factoring / other institution or individual;
- i. confirm that no debenture charge or encumbrance, as mentioned above, will be created without the Bank's prior written permission.
- j. authorise the Bank to conduct the appropriate searches with the Companies and Intellectual Properties Commission and debit the cost to my / our account; and
- k. agree that the above mentioned declarations are not restricted to this Account only but to any account or accounts or deposits denominated in any currency in any branch of the Bank in South Africa.

Signed at: _____ **on this** _____ **day of** _____ **20** _____

| | | |
|------------------------------|-------------|------------------|
| Initial & Surname | Date | Signature |
| Initial & Surname | Date | Signature |

FOR OFFICE USE ONLY

A. ACCOUNT TYPE AS PER ACCOUNT OPENING CHECKLIST

Account Type: _____

Account No.:

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

Does this account belong to a group? If yes, provide the primary account title and account number below:

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

B. CUSTOMER DUE DILIGENCE APPRAISAL FOR BUSINESS ACCOUNTS

| | | | | | |
|-----|---|----------|----------|---------|------|
| 1 | What is the expected purpose and nature for which this account will be used? | | | | |
| 2 | For active NFFEs please obtain supporting documentation to verify the plausibility of the answer. | | | | |
| 3 | What is the expected monthly turnover on this account? | | | | |
| 4 | What is the expected main source of funds to be deposited in the normal course of transacting on this account? | | | | |
| 5 | Details of major suppliers / beneficiaries, with reference to whether they are manufacturers, importers, distributors, wholesalers, etc | | | | |
| 6 | Details of major customers/depositors, with reference to whether they are distributors, wholesalers, retailers, etc. | | | | |
| 7 | What is the expected transaction profile (i.e. cash deposits/withdrawals, cheques, inward/outward EFTs, debit orders)? | | | | |
| 8 | Will the account be used for cross-border remittances? | Yes | No | | |
| 8.1 | If yes, please specify the reason: | | | | |
| 9 | Is the customer associated with a politically exposed person? | Yes | No | | |
| 10 | Is the customer associated with a domestic prominent influential person? | Yes | No | | |
| 11 | Is the customer associated with a foreign prominent public official? | Yes | No | | |
| 12 | Is the customer an immediate family member or known close associate with one of the persons listed in 9, 10 or 11 above? | Yes | No | | |
| 13 | Will the customer be utilising the Bank's trade finance services? | Yes | No | | |
| 14 | Is the customer an importer or exporter? | Importer | Exporter | Neither | Both |
| a | What is the customer's applicable custom's number? | | | | |
| b | What are the different types of goods being imported or exported (provide full details)? | | | | |
| c | Which country/countries will the client be importing from/ exporting to (provide full details)? | | | | |
| d | What currency/ies is/are normally used for settlement (provide full details)? | | | | |
| e | What is the normal/expected method and terms of payment: | | | | |

| | | |
|----|---|--|
| f | What is the maximum limit per import/export transaction? | |
| g | What is the average size of import/export transactions? | |
| h | What is the frequency of imports/exports? | |
| 15 | Additional customer appraisal information for example business plan, location, years in business, history, future plans, etc) | |
| 16 | Background and experience of Associated Persons Brief CV of Associated Persons including source of wealth | |
| | | |
| | | |
| | | |
| | | |

C. INTRODUCTION & REFERENCES

Introduction from customer who maintains account with our Bank / staff member who acted as referral agent

Name: _____

Branch (if applicable): _____

Account No. (if applicable):

| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|

D. ACCOUNTS WITH OTHER BANKS *(If not introduced by an existing customer; if available)*

| S. No. | Bank | Branch | Account No. |
|--------|------|--------|-------------|
| 1 | | | |
| 2 | | | |

Name of BM where the account is being opened: _____

Name of AOO / BDO / BDM / RM: _____

Signature of AOO / BDO / BDM / RM / BM: _____

Date:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|