



HBZ BANK LTD
(A Subsidiary of Habib Bank AG Zurich)

ISLAMIC BANK INDIVIDUAL ACCOUNT OPENING FORM

Please complete un-shaded area 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

A. ACCOUNT HOLDER'S DETAIL

Surname:			
First name:			
Identity number:			
Date of Birth:			
Passport number:			
Passport issuing country:		Expiry date	
Work / study / residence permit:		Expiry date	
Alternative type of permit (specify):		Expiry date	
Nationality:		County of birth	
Additional nationality (in case of dual nationality):			
Physical residential 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
Nature of profession / occupation			

In case of US indicia (US Telephone Number, US Postal / E-mail Address) above, you are required to complete & sign a W-8BEN form & provide your Non-US Passport / Residence Permit / Work Permit / Government Issued ID.

B. BENEFICIAL OWNERSHIP

Are you the beneficial owner¹ of the funds to be deposited with the bank?

Yes

No

If the answer to above is “NO”, please complete the details of the beneficial owner below:

Full name:			
Identity number:			
Date of Birth:			
Passport number:			
Passport issuing country:		Expiry date	
Residential address:			
		Postal code	
Nationality (if more than one please state all):		County of birth	

C. USA FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

The Foreign Account Tax Compliance Act (FATCA) was signed into United States (“U.S.”) law on 18 March 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its customers.

Under U.S. federal tax law, the Bank is required to request certain taxpayer information from Owners/Controlling Persons (whether they are U.S. taxpayers or not). Information collected will be used solely to fulfil the Bank’s requirements under FATCA and will not be used for any other purposes.

The Bank has certain obligations under FATCA, as detailed in the attached General Terms and Conditions (Annexure A). **In order for us to comply with these obligations, please provide responses to the questions below (Place a cross in the applicable block)** ²

Are you a U.S. citizen? (sole or dual citizenship)	Yes	No
Are you a lawful permanent resident? (i.e. someone who holds a green card, or anyone who meets the ‘substantial physical presence’ test, as detailed on the IRS website) ³	Yes	No
Were you born in the United States or a U.S. territory? ⁴	Yes	No
Are you a ‘US Person’ under U.S. tax principles for any other reason? (For example dual residency, spouse filing jointly, long term permanent residency in the U.S., other). If yes, please specify: _____	Yes	No
Will there be instructions to transfer funds to U.S. accounts or directions regularly received from a U.S. address:	Yes	No
Have you granted a Power of Attorney or signing authority to any person with a U.S. address?	Yes	No
Will there be an address on file which is "in care of" or "hold mail" or a U.S. P.O. Box and/or a U.S. telephone number:	Yes	No

¹ “beneficial owner” in respect of a natural person is normally the contracting party, but means the person ultimately benefiting from the contractual relationship for example in respect of a minor, the minor; in respect of a legally incapacitated person, that person; in respect of an insolvent, the insolvent; in respect of an interest bearing attorney’s account on behalf of a client, the client; in respect of an estate late, the estate.

² Please refer to section 12.2.2 of the General Terms and Conditions.

³Physical presence in the United States of / or at least 31 days during the current year, and 183 days during the 3 year period that includes the current year and the two years immediately before. For details in terms of how to count days for these purposes, please consult the IRS website: <http://www.irs.gov/taxtopics/tc851.html>

⁴In terms of FATCA, a “U.S. Territory” means American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico or the U.S. Virgin Islands.

If any of the above questions have been answered in the affirmative, you will be required to complete a **W-9 form** (this form is required if you are a U.S. person under U.S. tax principles) or **W-8BEN form** (this form is required if you were born in the United States or a U.S. territory but nonetheless believe that you are not a ‘U.S. Person’ under U.S. tax principles) to certify your tax status, together with your **Certificate of Loss of Nationality** and a copy of your **non-U.S. Passport**. Please note that a failure to submit the required tax form may force us to turn over (withhold) 30% of any U.S. sourced transactions to / from your account on a monthly basis directly to the IRS and / or closure of your account. This process will continue until such time that we receive your completed **W-9 or W-8 BEN form** or other documentations to certify your status, as applicable.

D. SARS INCOME TAX DECLARATION

Income tax no: <i>(Please submit documentary proof, if available)</i>	
---	--

If you are not registered, please fill in the declaration form below:

I hereby declare that:

I am personally not registered with the Receiver of Revenue in terms of the provision of the Income Tax Act.	
I will immediately provide the Bank with documentary proof should I register.	

E. COMMON REPORTING STANDARD (the CRS)

In October 2014, over 100 countries endorsed the Standard for 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.

The CRS was developed by the Organisation for Economic Co-Operation and Development (the ‘‘OECD’’), the G20 countries and the European Union, and requires financial institutions, situated in a participating jurisdiction (‘‘CRS Participating Jurisdiction’’) to automatically report financial information on accounts held by non-resident individuals to their local tax administration. The local tax administration will then exchange financial account information, on an annual basis, with the tax authorities of the jurisdiction where the account holder is tax resident. All relevant financial centres are committed to implementing the CRS and many CRS Participating Jurisdictions have already translated the CRS requirements into their domestic law. The first exchange of information required in South Africa will be made in 2017 in relation to calendar year 2016.

As a consequence, financial institutions situated in CRS Participating Jurisdictions are required to identify the tax residence of their customers based on a prescribed methodology under the CRS regulations. For each customer identified as ‘‘reportable’’, the financial institution is required to report information such as:

- Customer’s identification information including, name, address, tax residence, date and place of birth, tax identification number; and
- General financial account information including all types of investment income (total gross amount of interest, dividends or other similar income, and gross proceeds from the sale or redemption of financial assets).

The Bank is firmly committed to implementing this new global standard on tax transparency.

Please complete the Self-Certification information below covering the data fields necessary under the CRS. *(Please indicate all countries in which you are resident for tax purposes and the associated TINs / functional equivalents). Your Tax Identification Number is the same as your South African income tax number.*

For the purposes of taxation, I am tax resident in the following countries and my Tax Identification Number (‘‘TIN’’) / functional equivalent in each additional country is set out below, or I have indicated that a TIN / functional equivalent is unavailable:

Account Holder:

Country 1	TIN / functional equivalent
Country 2	TIN / functional equivalent
Country 3	TIN / functional equivalent

If the TIN / functional equivalent is unavailable, please indicate the reason: _____

Beneficial Owner If applicable (Refer to Footnote* on Page 2)

Country 1	TIN / functional equivalent
Country 2	TIN / functional equivalent
Country 3	TIN / functional equivalent

If the TIN / functional equivalent is unavailable, please indicate the reason: _____

F. REQUISITION FOR CHEQUE BOOK

Is a cheque book required -= for current account only? Yes No

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

G. REQUISITION FOR DEBIT CARD

Do you require a debit card?	Yes	No
If yes, do you need a:	Visa Classic Debit Card	Visa Platinum Debit Card
Cardholder:	Primary cardholder	Supplementary cardholder

PRIMARY CARD

Full Name																	
Date of Birth													Marital Status:	Single	Married	Other	
Mobile No.	+	2	7										Email:				

SECONDARY CARD

Full Name																	
Date of Birth													Marital Status:	Single	Married	Other	
Mobile No.	+	2	7										Email:				

H. INTERNET BANKING

I hereby request HBZ Bank Web internet access for the following account(s)

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

All the columns must be completed. The login name must be at least 8 alpha characters. Provide at least three alternative login names.

I. ELECTRONIC INSTRUCTIONS

In consideration of the Bank making or continuing to make banking facilities available to you, 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

Refer to section 4 & 7.4 of the General Terms & Conditions, where you indemnify us against any losses as a result of executing electronic instructions.

J. SMS INTERNET BANKING SERVICES

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	

K. STATEMENTS

Frequency of statement

Monthly
 Quarterly
 Half yearly
 Never

Mode of statement

Email
 Post (Only for current account with cheque book)

L. DECLARATION & CONSENT

I the undersigned:

- warrant that the information contained in this application form is true and correct;
- agree to provide the Bank upon request with any additional information or documentation that the Bank may require;
- undertake to advise the Bank immediately of any changes affecting the information supplied in this application form;
- 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;
- warrant that I am properly authorised to sign this application form;
- agree that the General Terms and Conditions attached to this application form as Annexure A will apply to any account opened by the Bank and to any facility granted to me by the Bank;
- certify that I am the beneficial owner (or am authorised to sign for the individual that is the beneficial owner) of all the income to which this forms relates or am using this form to document myself as an individual that is an owner of an account held at the bank; and
- confirm that I have read, understood and accepted the General Terms and Conditions attached as Annexure A to this application form.

APPLICANT:

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

Initial & Surname	Date	Signature

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 PERSONAL ACCOUNTS

1	What is the expected purpose & nature of this account?				
2	Nature of business / profession / occupation				
3	Name of Employer				
4	Address of Employer				Postal code
5	Telephone number of Employer				
6	Date of Employment				
7	Have you ever been sequestered	Yes		No	
	If you have been sequestered, please confirm	Sequestration Date		Rehabilitation Date	
8	What is the expected monthly turnover on this account?				
9	What is the expected main source of funds to be deposited in the normal course of transacting on this account?				
10	What is the expected transaction profile? (i.e. cash deposit / withdrawals, cheques, inwards / outward EFTs / debit orders)				
11	Who are the expected primary depositors?				
12	Who are the expected primary beneficiaries?				
13	Will the account be used for cross-border remittances?	Yes		No	
	If yes, please specify the reason:				
14	Is the customer associated with a politically exposed person?	Yes		No	
15	Is the customer associated with a domestic prominent influential person?	Yes		No	
16	Is the customer associated with a foreign prominent public official?	Yes		No	
17	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	
18	Is the account expected to be cash intensive? If yes explain why:				

Additional customer appraisal information (i.e. history, current status, future plans, etc.)	

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 / BM: _____

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

Date:

--	--	--	--	--	--	--	--