PERSONAL ACCOUNT OPENING FORM

Date D D M M Y Y Y Y

This form should be completed in "ENGLISH CAPITAL" letters.

Manager
City Bank PLC

Window Branch Name Seal

For Bank use only
Unique Customer ID
A/C No.

Dear Sir/Madam,
I/We am/are applying to open the following account in your branch. My/Our detailed information is given below:

Account Title **English**

বাংলা

Account Short Name

Nature of Account ☐ Individual ☐ Joint

Type of Account

Al-Wadee'ah based account:
☐ Islamic Current A/C

Mudarabah based accounts:
☐ Islamic Alo General Savings A/C ☐ Islamic General Savings A/C ☐ Islamic High Value Savings A/C
☐ Islamic Term Deposit A/C ☐ Islamic Alo High Value Savings A/C ☐ Islamic Alo Savings Delight A/C
☐ Islamic Hajj Deposit A/C ☐ Islamic Monthly Benefit Scheme A/C ☐ Islamic Monthly Deposit Scheme A/C
☐ Others Please Specify

Currency ☐ BDT ☐ Others Please Specify

Initial Deposit Amount

Initial Deposit in Words

(To be filled by bank official)
Income-sharing Ratio (Mudarabah Depositors : Bank) :

COMMUNICATION DETAILS (Applicable for Individual and Joint accounts for all Banking correspondences including statements)

Communication Address Selection
(Please select only 1 type of address)
☐ Present Address (Residence) ☐ Professional Address ☐ Permanent Address

Mobile No.

E-mail ID

Customer Signature

DETAILS OF VERIFICATION

Phone No. **Time & Date** 00 00 D D M M Y Y Y Y Bank Personnel Signature

FACILITY REQUEST(S)

Citytouch ☐ Yes ☐ No If Yes, please provide designated E-mail ID

Cheque Book ☐ Yes ☐ No If Yes, No. of Leaves **Delivery Option** ☐ Branch ☐ To customer address

SMS Alert ☐ Yes ☐ No If No, please fill up "Service Discontinuation Request Form"

Locker Facility ☐ Yes ☐ No If Yes, please fill up "Locker Application Form"

Statement Facility ☐ Yes ☐ No If Yes, please select any one (1) option from here: ☐ Printed Statement ☐ E-Statement

DEBIT CARD REQUEST

Card Application ☐ 1st Applicant ☐ 2nd Applicant ☐ Others Please Specify

Card Type ☐ Mastercard ☐ Visa ☐ CityMaxx ☐ Others Please Specify

Customer Category ☐ Individual ☐ Staff ☐ Corporate Name of the Organization Please Specify

Name on Card As you want to see on the Card (Max.19 letters including spaces)

Delivery Option ☐ Branch ☐ To customer address

INTRODUCER'S INFORMATION (Mandatory only for Applicants opening Account without National ID)

Introducer's Name **A/C Number**

Signature of Introducer (With Date)

Name Seal of Signature Verifier with Sign & Date

INDIVIDUAL INFORMATION

Unique Customer ID

Please use separate "Individual Information Form" for other Applicant/Mandate/Guardian/Director/Beneficial Owner/Shareholder

Customer's Name in English

বাংলা

Father's Name

Mother's Name

Spouse's Name

Date of Birth D D M M Y Y Y Y

Gender ☐ Male ☐ Female ☐ Third Gender

Please affix here a recent passport size photograph duly attested by A/C holder

Resident Status ☐ Resident ☐ Non-Resident

National ID Card No.

Other Photo ID

Birth Certificate No.

E-TIN (if Any)

Passport No.

Nationality ☐ Bangladeshi ☐ Other Please Specify

** Foreigners will provide Visa and Passport copy*

Profession

Monthly Income

Source of Fund

Relationship with Account

Present Address (Residence)

Vill/Road

P.O **Thana** **District**

Division **Postcode** **Country**

Professional Address

Vill/Road

P.O **Thana** **District**

Division **Postcode** **Country**

Permanent Address

Vill/Road

P.O **Thana** **District**

Division **Postcode** **Country**

Mobile 1 **Mobile 2**

E-mail ID 1

E-mail ID 2

1. Are you a US Resident? ☐ Yes ☐ No **2. Are you a US Citizen?** ☐ Yes ☐ No **3. Do you hold a US Permanent Resident Card (Green Card)?** ☐ Yes ☐ No

I/We hereby consent for City Bank Plc or any of its affiliates (including branches) (herein after collectively referred to as "Bank") to share my/our information with domestic or overseas regulators or tax authorities or other concerned authorities where necessary and/or required by applicable laws, agreement with regulators or authorities and/or directives.

Where required by domestic or overseas regulators or tax authorities or other concerned authorities, I/we consent and agree that the Bank may withhold, and pay out, from my/our account(s) such amounts as may be required according to applicable laws, regulations, or authorities and directives and Bank shall not be held liable for any consequences thereof. In the event of any loss suffered by Bank due to my/our failure or inaction or misrepresentation, I/we shall hold the Bank fully indemnified and harmless against all such losses arising thereof, proof of address required (of any one)

Signature with Date

Applicant's Name

Name Seal of Signature Verifier with Sign & Date

Note: "Individual Information Form" must be filled in for both the Minor and Guardian. Both forms must be signed by Guardian.

DETAILS OF NOMINEE

I/We hereby nominate the following person as my/our nominee to whom the balance of my/our account would be payable in the event of my/our death. I/We reserve the right to change/cancel this nomination any time. The nominee will be responsible for distributing the balance of my/our account among my/our heirs as per prevailing law. I/We also agree that, the Bank will not be liable for such payment as per my/our instruction or such distribution.

Number of Nominee *If nominee is more than 1 (one), please use separate nominee assignment form.

Name of the Nominee

Relationship with Applicant(s) **Percentage**

Birth Certificate No.

National ID Card No.

Passport No.

Date of Birth D D M M Y Y Y Y

Other Photo ID

Please affix here a recent passport size photograph duly attested by A/C holder

Signature of Nominee (Optional)

Address **Vill/Road**

P.O **Thana** **District**

Division **Postcode** **Country**

DETAILS OF GUARDIAN FOR MINOR NOMINEE (If Applicable)

(i) In the event that the nominee remains a minor at the time of my/our death, the following person as his/her guardian is authorized to receive/draw the amount of deposits in my/our above mentioned account on behalf of the nominee. As per Bank Company Act 1991 Section 103(2)

Name

Relationship with Nominee

Address

Guardian Photo ID Information

(ii) That the Nominee, or his/her guardian authorized under paragraph (i) as the case may be, shall be entitled to all my/our accounts to the exclusion of all other persons; and payment made by you to them shall constitute a full discharge of your liability with respect to such deposits.

**"Individual Information Form" must be filled in for both the minor and the guardian. Both forms must be signed by the guardian. **If the nominee is a non-resident & the account becomes payable to him/her, then all formalities as detailed in Foreign Regulations Act 1947 will be applicable for remitting funds abroad.

TERM DEPOSIT INFORMATION

Currency **Amount**

(To be filled by bank official)

Weightage .

Amount in Words

Period/Tenor (Please mention one the following options) Days Months Years Maturity Date D D M M Y Y Y Y

Debit Instruction ☐ Please Debit My/Our Account No.

Maturity Instruction

☐ Renew principal only and credit profit to the A/C no.

☐ Renew both principal and profit.

☐ Encash at Maturity and credit to My/Our A/C No.

Note: If no option is selected and no written instruction is received before maturity, the deposit will be renewed automatically with profit, for the same tenor on the maturity date at the prevailing weightage.

SCHEME INFORMATION

Name of Scheme **Period of Scheme** **Months**

(To be filled by bank official)

Weightage .

Amount per Installment

Amount in Words

Frequency of Installment **Installment Start Date** D D M M Y Y Y Y

Debit Instruction ☐ **Please Debit My/Our Account No.**

SIGNING AUTHORITY & ACCEPTANCE OF TERMS & CONDITIONS

I/We acknowledge that I/we have read and understood the terms and conditions governing the customer accounts in force, and agree to open, maintain and operate my/our account(s) as per the said terms and conditions, including all amendments made thereto by the Bank from time to time published in the Website*. I/We declare that the information furnished above is true and correct and shall provide any information/documents the Bank may require in future. I/We understand that profit is shared only on Mudarabah-based accounts, as per the Income Sharing Ratio (ISR) agreed with City Bank PLC, Islamic Banking ("City Islamic" as Mudarib) and the initial Weightage mentioned by the Bank. I/We also accept that the ISR and Weightage may be revised by the Bank from time to time, as published on its website** in advance, and shall apply prospectively, and that I/we accept the profit paid on the basis of such revisions. I/We understand that no profit is payable on Al-Wadee'ah (Current) accounts.

Detailed terms, profit distribution method, profit adjustment rules and schedule of charges for Personal Account Opening (subject to change from time to time) are available at: www.cb.bd/ipt&c and www.cb.bd/imid - I/We have read, understood and accepted them and shall keep myself/ourselves updated.

*islamic.citybankplc.com/
**https://islamic.citybankplc.com/profit-sharing-ratio

(Please scan QR code for the details of T&C)

Mode of Operation of A/C

☐ Singly ☐ Jointly ☐ Anyone ☐ Either or Survivor

☐ Others/Special Instructions (Please specify in this Box)

Signature(s) Admitted/Verified by	1st Applicant	2nd Applicant	3rd Applicant
	Please affix here a recent Passport size photograph	Please affix here a recent Passport size photograph	Please affix here a recent Passport size photograph
	Signature	Signature	Signature
	Signature	Signature	Signature
	Date	Date	Date
	Name	Name	Name
	Mobile	Mobile	Mobile

FOR BANK USE ONLY

Mandatory Fields for Regulator

SBS Code ☐☐☐☐☐☐ Deposit Type Code ☐☐☐

Acquiring RM ☐ RM/Employee Code ☐

Monitoring RM ☐ Monitoring RM Code ☐

Tax Applicable ☐ Yes | Have you taken any proof of tax return? ☐ Yes ☐ No | ☐ No | ☐ Tax Waiver Document submitted, where applicable

CASA Product Code ☐ **Scheme Product Code** ☐ **MTDR Product Code** ☐

Sundry Debit A/C ☐☐☐☐☐☐☐☐☐☐☐☐☐☐ **Transaction Date** D D M M Y Y Y Y **Transaction ID** ☐

Branch SOL ☐☐☐ **Value Date** D D M M Y Y Y Y **A/C Occupation Code** ☐

Comment ☐

Signature with Name, Seal & Date Account Opened by	Signature with Name, Seal & Date Recommended by (BOM)	Signature with Name, Seal & Date Approved by BM/Designated Officer