

**CORPORATE ACCOUNT OPENING FORM****د حقوقي شخص لپاره د حساب پرانيستني فورمه****Existing Relationships:**

Do you have an existing account with AIB?

 No  Yes (New relationship will be linked with existing Customer No)

If yes, please provide account No. (s)

Account No. 1 .....

Account No. 2 .....

Date/ د غوښتنې نېټه:	Customer No/ د پېرودونکي گڼه:
Branch/ څانگه:	Account No/ د حساب شمېره:
Account Title/ نوم د حساب:	

**CUSTOMER BUSINESS INFORMATION/ د پېرودونکي د سوداگري معلومات**

Entity Name/ د پېرودونکي نوم:	TIN No/ مالي وړونکي شمېره:
Licensing Authority/ د جواز اخيستلو ځای:	License No/ د جواز گڼه:
Date of Issue/ د صادرېدو نېټه:	Date of Expiry/ د پای نېټه:

**Customer Category/ د پېرودونکي ډول:**

<input type="checkbox"/> Sole Proprietor/ انفرادي سوداگر	<input type="checkbox"/> Corporate/ شراکت	<input type="checkbox"/> Bank/ بانک	<input type="checkbox"/> Pension Fund/ د تقاعد حقوقي
<input type="checkbox"/> Local Authority/ دولتي اداري	<input type="checkbox"/> NGO/ غیر دولتي موسسه	<input type="checkbox"/> Charity/ مرستندويه موسسه	<input type="checkbox"/> Military Foreign/ بهرني پوځيان
<input type="checkbox"/> Exchange Dealer/ صراف	<input type="checkbox"/> Privileged Corporate/ امتیازي شرکت	<input type="checkbox"/> Money Service Provider/ پولي چوپړ	<input type="checkbox"/> Insurance Co/ د بیمې شرکت
<input type="checkbox"/> Other Financial Institution/ ټول نور مالي جوړښتونه	<input type="checkbox"/> Embassy & Multilateral Organization/ سفارت او څوارځیز سازمانونه		

**Nature of Business/ د سوداگري ډول**

<input type="checkbox"/> Agriculture/ کرهنه	<input type="checkbox"/> Supply & Services/ چوپړونه او تدارکات	<input type="checkbox"/> Trade/ تجارت	<input type="checkbox"/> Health/ روغتیا
<input type="checkbox"/> Const & Building/ ودانیز	<input type="checkbox"/> Manufacturing & Industry/ تولیدات او صنایع	<input type="checkbox"/> Financial Institution/ مالي ارگان	
<input type="checkbox"/> Mining/ معدنونه	<input type="checkbox"/> Telecommunication/ مخابرات	<input type="checkbox"/> Transportation/ ترانسپورت	

Please specify the exact seven digits Sub Sictorial Code: / / / / / / /

**Address/ پته :**

<b>Head Office Add/ د مرکزي دفتر پته</b>	Office.No/ د دفتر شمېره:	<b>Branches Add (if any)/ د څانگو پته (که وي)</b>	Office.No/ د دفتر شمېره:
	Lane/ کوڅه:		Lane/ کوڅه:
	Street/ سړک:		Street/ سړک:
	District/ ناحیه:		District/ ناحیه:
	City/ ښار:		City/ ښار:

**Contact Information/ د اړیکو اړوند معلومات**

<b>Telephonenumber/ د اړیکو شمېره</b>	1: _____
	2: _____
	3: _____

<b>Email IDs/ برېښنالیک</b>	1: _____
	2: _____
	3: _____

**CUSTOMER'S ACCOUNT INFORMATION/ د پېرودونکي د حساب معلومات**

<b>Type of Currency/ داسعارو ډول</b>	<input type="checkbox"/> AFN/افغانی	<input type="checkbox"/> USD/امریکايي ډالر
	<input type="checkbox"/> EUR/یورو	<input type="checkbox"/> Other/نور _____

<b>Type of Account/ د حساب ډول</b>	<input type="checkbox"/> Current/جاري	<input type="checkbox"/> Saving/سپما
	<input type="checkbox"/> Term Deposit/مودېیز	<input type="checkbox"/> Other/نور _____

**Account Statement Delivery/ د صورت حساب لاسته راوړنه**

<b>A/C Statement Through Email/ د برېښنالیک له لارې د صورت حساب لاسته کول</b>	<input type="checkbox"/> Daily/ورځنی	<input type="checkbox"/> Weekly/اونیز	<input type="checkbox"/> Monthly/مياشتنی	<input type="checkbox"/> On Request/له غوښتنې سره سم
	<b>Official E-mail:</b> _____			

**Products/ جوړونه**

<input type="checkbox"/> Debit Card/دېبېټ کارت	<input type="checkbox"/> Phone Banking/تېلفون له لارې بانکدارۍ	<input type="checkbox"/> Cheque Book/چک بوک	<input type="checkbox"/> SMS Banking
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**DIRECTORS/SHAREHOLDERS PERSONAL INFORMATION/ د مدیرانو او برخوالو شخصي معلومات**

Name/ نوم:	NID/Passport No/ شمېره يا پاسپورټ شمېره:
Father Name/ دپلار نوم:	Date of Issue/ د صدور نېټه:
Address/ پته:	Place of Issue/ د صادریدو ځای:
	Date of Birth/ زېږد نېټه:
Phone No/ د اړیکې شمېره:	Place of Birth/ زېږد ځای:
E-mail/ برېښنالیک:	Nationality/ مليت:

Name/ نوم:	NID/Passport No/ شمېره يا پاسپورټ شمېره:
Father Name/ دپلار نوم:	Date of Issue/ د صدور نېټه:
Address/ پته:	Place of Issue/ د صدور ځای:
	Date of Birth/ زېږد نېټه:
Phone No/ د اړیکې شمېره:	Place of Birth/ زېږد ځای:
E-mail/ برېښنالیک:	Nationality/ مليت:

1. Applicant's Name/ د غوښتونکي نوم: .....

Signature/ لاسلیک: .....

2. Applicant's Name/ د غوښتونکي نوم: .....

Signature/ لاسلیک: .....



Account Name/دحساب نوم:

Account Number/دحساب شمېره:

Name of Authorized Signatory/دصلاحیت لرونکي نوم:

Designation/دنده:

Effective Date/پليکېدو نېټه:

**SIGNATURES SPECIMEN/THUMB IMPRESSIONS**


NID/Passport# 1

**Mode of Operation**

Sole Signatory / یوازی

Either or Survivor / هر یو لاسلیک

Jointly / گډ

Other (Please Specify) / نور (مهرباني سره یې مشخص کړئ):

**Instructions/لارښوونې:**



Account Name/دحساب نوم:

Account Number/دحساب شمېره:

Name of Authorized Signatory/دصلاحیت لرونکي نوم:

Designation/دنده:

Effective Date/پليکېدو نېټه:

**SIGNATURES SPECIMEN/THUMB IMPRESSIONS**


NID/Passport# 2

**Mode of Operation**

Sole Signatory / یوازی

Either or Survivor / هر یو لاسلیک

Jointly / گډ

Other (Please Specify) / نور (مهرباني سره یې مشخص کړئ):

**Instructions/لارښوونې:**

Photo & Signature verified by/د لاسلیک او عکس تصدیق کوونکی:

Name/نوم: \_\_\_\_\_ Signature/لاسلیک: \_\_\_\_\_ Date/نېټه: \_\_\_\_\_

## KYC Information Sheet –Corporate Accounts

### Annexure of Account Opening Form:

Date: DD/MM/YYYY

(A)

Account Title: \_\_\_\_\_ A/C No. \_\_\_\_\_

**Account Type:**  Current  Saving  Term Deposit

**Initial Deposit:**  Cash  Cheque  Transfer

(B)

### Receipt of Required Documents:

- |  |   |
|--|---|
| <input type="checkbox"/> Account opening Application/Resolution:       | <input type="checkbox"/> Copy of valid Business License |
| <input type="checkbox"/> Article of Association                        | <input type="checkbox"/> Customer's Photo               |
| <input type="checkbox"/> NID/Passport                                  | <input type="checkbox"/> Signed SS Card                 |
| <input type="checkbox"/> Valid Visa/Work Permit (In case of non-local) |   |
| <input type="checkbox"/> Identification for South Border (Qabail)      |   |

Pending Documents: \_\_\_\_\_ Pending Documents to be collected on DD/MM/YYYY

(C)

### Estimated Monthly Account Activities Trend:

Source of Income: \_\_\_\_\_

Purpose of Account: \_\_\_\_\_

Estimated average No of cash transactions: \_\_\_\_\_

Estimated average cash amount: \_\_\_\_\_

Estimated average No of remittances (Inward/Outward): \_\_\_\_\_

Estimated average amount of remittances (Inward/Outward): \_\_\_\_\_

Estimated monthly transactions: Low (<10) Moderate (10-15) High (>15)

**(D)**

**Business Details of Entity:**

Business inception date: \_\_\_\_\_ Annual Account Turnover: \_\_\_\_\_

Area of Business Activities: \_\_\_\_\_ Number of Major Suppliers/Customers: \_\_\_\_\_

Foreign national Shareholder/Director (If Any): \_\_\_\_\_

**Line of Business or Activities :**

- |   |   |  |                                 |
|---|---|--|---------------------------------|
| <input type="checkbox"/> Agriculture      | <input type="checkbox"/> Supply & Services        | <input type="checkbox"/> Trade                 | <input type="checkbox"/> Health |
| <input type="checkbox"/> Const & Building | <input type="checkbox"/> Manufacturing & Industry | <input type="checkbox"/> Financial Institution |                                 |
| <input type="checkbox"/> Mining           | <input type="checkbox"/> Telecommunication        | <input type="checkbox"/> Transportation        |                                 |

**(E)**

Is any of Shareholder or Signatory subject to any other government Tax?  Yes  No

**If Yes:**

1. Name: \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_

2. Name: \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_

3. Name: \_\_\_\_\_ Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_

**(F)**

**Customer address verification (Mandatory)**

I personally visited the customer's business office and other location, and I hereby verify that the undermentioned address is accurate.

**Main Office Address:**

Office No: \_\_\_\_\_  
 Lane: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 District: \_\_\_\_\_  
 City: \_\_\_\_\_

**Other Location Address:**

House No: \_\_\_\_\_  
 Lane: \_\_\_\_\_  
 Street: \_\_\_\_\_  
 District: \_\_\_\_\_  
 City: \_\_\_\_\_

Verified By: \_\_\_\_\_ Designation: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_

**For Bank Use Only**

CS Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Branch Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_