

INDIVIDUAL ACCOUNT OPENING FORM

فورم افتتاح حساب انفرادی

Existing Relationship:

Do you have an existing account with AIB?

No Yes (New relationship will be linked with existing customer number)

If yes, please provide account No. (s)

Account No. 1 Account No. 2

Date/تاریخ درخواست:	NID/Passport No/شماره تذکره یا پاسپورت:
Branch/نمایندگی:	Date of Issue/تاریخ صدور:
Account Title/اسم حساب:	Date of Expiry/تاریخ انقضاء:
Customer Name/اسم مشتری:	Place of Issue/محل صدور:
Father's Name/اسم پدر:	Date of Birth/تاریخ تولد:
Customer No/شماره مشتری:	Place of Birth/محل تولد:
Account No/شماره حساب:	Nationality/ملیت:
Gender/جنس <input type="checkbox"/> Male/مذکر <input type="checkbox"/> Female/مونث	Marital status/حالت مدنی <input type="checkbox"/> Single/مجرد <input type="checkbox"/> Married/متاهل
Education Level/درجه تحصیل <input type="checkbox"/> Higher/عالی <input type="checkbox"/> Secondary/متوسط <input type="checkbox"/> Primary/ابتدائی	

Contact Information/معلومات تماس

Phone No/شماره تلفون:.....	Mobile No/شماره موبایل:.....
E-mail/ایمیل:.....	Fax No/فکس:.....

Address/آدرس

Current Address/سکونت فعلی House No/نمبر خانه:..... Lane/کوچه:..... Street/سرک:..... District/ناحیه:..... City/شهر:.....	Permanent Address/سکونت اصلی House No/نمبر خانه:..... Lane/کوچه:..... Street/سرک:..... District/ناحیه:..... City & Country/شهر و کشور:.....
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Customer Information/معلومات مشتری:

Occupation	<input type="checkbox"/> Self Employed/شغل آزاد <input type="checkbox"/> Own Business/مالک تجارت <input type="checkbox"/> Employee/کارمند <input type="checkbox"/> Retired/متقاعد <input type="checkbox"/> Student/متعلم/محصل
	<input type="checkbox"/> Other/دیگر:.....

Account Currency/ اسعار حساب

<input type="checkbox"/> AFN/افغانی	<input type="checkbox"/> USD/دالر امریکایی
<input type="checkbox"/> EUR/یورو	<input type="checkbox"/> Other/دیگر

Type of Account/نوع حساب

<input type="checkbox"/> Current/حساب جاری	<input type="checkbox"/> Saving/حساب پس انداز
<input type="checkbox"/> Term Deposit/حساب میعادتی	<input type="checkbox"/> Payroll/حساب معاش
<input type="checkbox"/> AIB Staff/کارمند بانک	<input type="checkbox"/> Other/دیگر

Products/ خدمات

Debit Card/دبت کارت Phone Banking/بانکداری از طریق تلفون Cheque Book/چک بوک SMS Banking

Account Statement Delivery/ دریافت صورت حساب**A/C Statement through e-mail/ دریافت صورت حساب از طریق ایمیل**

E-mail:

Daily روزانه Weekly هفته وار Monthly ماهوار On Request بنا بر درخواست

Incase of Joint Account/ در صورت حساب مشترک:

Name/اسم:
Father Name/ اسم پدر:
Address/آدرس:
Cell Phone/شماره تماس:
E-mail/ایمیل:
Nationality/ملیت:

NID/Passport No/شماره تذکره یا پاسپورت:
Date of Issue/تاریخ صدور:
Place of Issue/محل صدور:
Date of Birth/تاریخ تولد:
Place of Birth/محل تولد:
Gender/جنس: <input type="checkbox"/> Male/مذکر <input type="checkbox"/> Female/مونث

List of Products/فهرست خدمات:

Credit Card Yes No Prepaid Card Yes No Web Surfer Card Yes No
 Gift Card Yes No I-Banking Yes No
 Payroll Loan Yes No Home Equity Loan Yes No

Applicant's Name/اسم متقاضی: _____ Signature/امضاء: _____ Date: _____



Account Title/اسم حساب:	
Account Number/شماره حساب:	
Name of Authorized Signatory/اسم شخص صلاحیت دار:	
Effective Date/تاریخ انفاذ:	
SIGNATURE SPECIMEN/THUMB IMPRESSION	
NID/Passport# 1	

Mode of Operation

- Sole Signatory/یکانه
 Either or Survivor/هریک از امضاء
 Jointly/مشترک
 Other (Please Specify)/دیگر (لطفاً مشخص نما نید):

Instructions /هدایات:



Account Title/اسم حساب:	
Account Number/شماره حساب:	
Name of Authorized Signatory/اسم شخص صلاحیت دار:	
Effective Date/تاریخ انفاذ:	
SIGNATURE SPECIMEN/THUMB IMPRESSION	
NID/Passport# 2	

Mode of Operation

- Sole Signatory/یکانه
 Either or Survivor/هریک از امضاء
 Jointly/مشترک
 Other (Please Specify)/دیگر (لطفاً مشخص نما نید):

Instructions /هدایات:

Photo & Signature verified by/امضاء و عکس و تصدیق کننده:

Name/نام: _____ Signature/امضاء: _____ Date/تاریخ: _____

KYC Information Sheet –Individual Accounts

Annexure of Account Opening Form:

Date: DD/MM/YYYY

(A)

Account Title: _____ Name of Account Holder: _____ Account No. _____

A/C Type: Current Payroll Saving Term Deposit

Initial Deposit: Cash Cheque Transfer

(B)

Receipt of Required Documents:

- NID/Passport Customer's Photo
 Valid Visa/Work Permit (In case of non-local) Signed SS Card
 Identification for South Border (Qabayel) Salary Slips / Employee ID card incase of employee

Pending Documents: _____ Pending Documents to be collected on DD/MM/YYYY

(C)

In case the applicant is employed:

Name of Employer: _____

Business of Employer: _____

Address of Employer: _____

Employer e-mail: _____

Employer Phone No: _____ Number of years with current employer: _____

Position held by the applicant: _____ Monthly Salary: _____

(D)

In case the applicant has personal business:

Business inception date: _____ Annual Turnover: AFN/USD/EUR _____

Area of Business Activities: _____

Countries of Operation Domestic International

In case of international, please specify: _____

Major Suppliers/Customers: _____

Other Foreign national shareholder / Director _____ **(please mention the detail in separate list)**

Business Activity:

Wholesale Retail Trading Manufacturing NGO Service Sector Contractor

Other Source of Income (please mention activity and estimated income): _____

Note: If the applicant is the owner of any business, kindly obtain the valid business license.

(E)

Anticipated Account Activity Trend (Mention Range of Amount)(Averager per month)

Purpose of Account opening: _____

Source of Income: _____

Estimated average number of cash transactions: _____

Estimated average cash amount: _____

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

(F)

Is the applicant/signatory subject to any other government Tax? Yes No

If Yes:

1. Name: _____ Nationality: _____ Passport No: _____

2. Name: _____ Nationality: _____ Passport No: _____

Applicant's Signature: _____

Applicant's Signature: _____

For Bank Use Only

CS Officer Signature: _____

Date: _____

Branch Manager Signature: _____

Date: _____