

# INDIVIDUAL ACCOUNT OPENING FORM

د انفرادي حساب پرانيستني فورمه

## 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/ دغوبنتني نېټه:	NID/Passport No/ شمېره يا پاسپورټ شمېره:			
Branch/ څانگه:	Date of Issue/ د صدور نېټه:			
Account Title: د حساب نوم:	Date of Expiry/ د پای نېټه:			
Customer Name/ د پېرودونکي نوم:	Place of Issue/ د صدور ځای:			
Father's Name/ د پلار نوم:	Date of Birth/ زېږد نېټه:			
Customer No/ د پېرودونکي گڼه:	Place of Birth/ زېږد ځای:			
Account No/ د حساب گڼه:	Nationality/ مليت:			
Gender/ جنس:	<input type="checkbox"/> Male/ نارينه	<input type="checkbox"/> Female/ ښځينه	Marital status/ مدني حالت:	
			<input type="checkbox"/> Single/ مجرد	<input type="checkbox"/> Married/ متاهل
Education Level/ د زده کړو درجه:	<input type="checkbox"/> Higher/ لوړې	<input type="checkbox"/> Secondary/ منځنۍ	<input type="checkbox"/> Primary/ لومړنۍ	

## Contact Information/ د اړیکو معلومات

Phone No/ د تېلېفون شمېره:	Mobile No/ د موبایل شمېره:
E-mail/ برېښنالیک:	Fax No/ فکس:

## Address/ پته

Current Address/ اوسنی هستوگنځی:	House No/ د کور گڼه:	Permanent Address/ اصلي هستوگنځی:	House No/ د کور گڼه:
	Lane/ کوڅه:		Lane/ کوڅه:
	Street/ سړک:		Street/ سړک:
	District/ ناحیه:		District/ ناحیه:
	City/ ښار:		City & Country/ ښار او هېواد:

د پېرودونکي معلومات/ Customer Information:

<b>Occupation</b>	<input type="checkbox"/> Self Employed/ آزاد کاروبار	<input type="checkbox"/> Own Business/ سوداگری والا	<input type="checkbox"/> Employee/ کارکوونکی	<input type="checkbox"/> Retired/ متقاعد	<input type="checkbox"/> Student/ زده کوونکی
	<input type="checkbox"/> Other/ نور:.....				

د حساب اسعار/ Account Currency:

<input type="checkbox"/> AFN/افغانی	<input type="checkbox"/> USD/امریکایي ډالر
<input type="checkbox"/> EUR/یورو	<input type="checkbox"/> Other/ نور:.....

د حساب ډول/ Type of Account:

<input type="checkbox"/> Current/جاری	<input type="checkbox"/> Saving/دسپما
<input type="checkbox"/> Term Deposit/مودپېز	<input type="checkbox"/> Payroll/دتنخوا حساب
<input type="checkbox"/> AIB Staff/دبانک کارکوونکی	<input type="checkbox"/> Other/ نور:.....

چوپړونه/ Products:

<input type="checkbox"/> Debit Card/دبېټ کارت	<input type="checkbox"/> Phone Banking/دټلیفون له لارې بانکداری	<input type="checkbox"/> Cheque Book/چک بوک	<input type="checkbox"/> SMS Banking
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د صورت حساب لاسته راوړل/ Account Statement Delivery:

<b>A/C Statement through e-mail/</b> د برېښنالیک له لارې د صورت حساب لاسته کول	<input type="checkbox"/> Daily/ورځنی	<input type="checkbox"/> Weekly/اوونېز	<input type="checkbox"/> Monthly/مياشتنی	<input type="checkbox"/> On Request/له غوښتنې سره سم
E-mail برېښنالیک:.....				

د گډ حساب په آن/ Incase of Joint Account:

Name/نوم:	NID/Passport No/دندکری یا پاسپورت شمېره
Father Name/دپلار نوم:	Date of Issue/دصدور نېټه:
Address/پته:	Place of Issue/دصدور ځای:
Cell Phone/داریکو شمېره:	Date of Birth/زیرد نېټه:
E-mail/برېښنالیک:	Place of Birth/زیرد ځای:
Nationality/ملیت:	Gender/جنس: <input type="checkbox"/> Male/نارینه <input type="checkbox"/> Female/بښځینه

د چوپړونو نوملړ/ List of Products:

Prepaid Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Web Surfer Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gift Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	I-Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant's Name/دغوښتونکي نوم: \_\_\_\_\_ Signature/لاسلیک: \_\_\_\_\_ Date/نېټه: \_\_\_\_\_



Account Title/دحساب نوم:

Account Number/دحساب شمېره:

Name of Authorized Signatory/د صلاحیت لرونکي نوم:

Effective Date/د پليکېدو نېټه:

**SIGNATURE SPECIMEN/THUMB IMPRESSION**


NID/Passport# 1

**Mode of Operation**

Sole Signatory/يوازې

Either or Survivor/هر يو لاسليک

Jointly/ګډ

Other (Please Specify)/نور (دمهربانۍ له مخې په ګوته يې کړئ): .....

**Instructions** / لارښوونې: .....



Account Title/دحساب نوم:

Account Number/دحساب شمېره:

Name of Authorized Signatory/د صلاحیت لرونکي نوم:

Effective Date/د پليکېدو نېټه:

**SIGNATURE SPECIMEN/THUMB IMPRESSION**


NID/Passport# 2

**Mode of Operation**

Sole Signatory/يوازې

Either or Survivor/هر يو لاسليک

Jointly/ګډ

Other (Please Specify)/نور (دمهربانۍ له مخې په ګوته يې کړئ): .....

**Instructions** / هدايات: .....

Photo & Signature verified by/د عکس او لاسليک تصدیق کوونکي:

Name/نوم: \_\_\_\_\_

Signature/لاسليک: \_\_\_\_\_

Date/نېټه: \_\_\_\_\_

## 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)( Averages 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: \_\_\_\_\_