



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: Head office	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: Afghan
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/متحل
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/شهر: _____
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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/دلر امریکایی
<input type="checkbox"/> EUR/یورو	<input type="checkbox"/> Other/دیگر:.....

Type of Account/نوع حساب

<input type="checkbox"/> Current/قرض الحسنه جاری	<input type="checkbox"/> Saving/مضاربه پس انداز
<input type="checkbox"/> Term Deposit/مضاربه میعادى	<input type="checkbox"/> Payroll/حساب معاش
<input type="checkbox"/> AIB Staff/کارمند بانک	<input type="checkbox"/> Other/دیگر:.....

Products/ خدمات

<input type="checkbox"/> Debit Card/دبت کارت	<input type="checkbox"/> Phone Banking/بانکداری از طریق تلفون	<input type="checkbox"/> Cheque Book/چک بوک	<input type="checkbox"/> SMS Banking
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Account Statement Delivery/ دریافت صورت حساب

A/C Statement through e-mail/ دریافت صورت حساب از طریق ایمیل	<input type="checkbox"/> Daily/روزانه	<input type="checkbox"/> Weekly/هفته وار	<input type="checkbox"/> Monthly/ماهوار	<input type="checkbox"/> On Request/بنا بر درخواست
E-mail: ...				

Incase of Joint Account/ در صورت حساب مشترک:

Name/اسم:	NID/Passport No/شماره تذکره یا پاسپورت:
Father Name/اسم پدر:	Date of Issue/تاریخ صدور:
Address/آدرس:	Place of Issue/محل صدور:
Cell Phone/شماره تماس:	Date of Birth/تاریخ تولد:
E-mail/ایمیل:	Place of Birth/محل تولد:
Nationality/ملیت:	Gender/جنس: <input type="checkbox"/> Male/مذکر <input type="checkbox"/> Female/مونث

List of Products/فهرست خدمات:

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/اسم متقاضی: _____ Signature/امضاء: _____ Date: _



Passport Size Photo

Account Title/اسم حساب:

Account Number/شماره حساب:

Name of Authorized Signatory/اسم شخص صلاحیت دار:

Effective Date/تاریخ انفاذ:

SIGNATURE SPECIMEN/THUMB IMPRESSION

Mode of Operation

Sole Signatory/یکانه

Either or Survivor/هریک از امضاء

Jointly/مشترک

Other (Please Specify)/دیگر (لطفاً مشخص نمائید):

NID/Passport# 1

Instructions /هدایات:

Passport Size Photo

Account Title/اسم حساب:

Account Number/شماره حساب:

Name of Authorized Signatory/اسم شخص صلاحیت دار:

Effective Date/تاریخ انفاذ:

SIGNATURE SPECIMEN/THUMB IMPRESSION

Mode of Operation

Sole Signatory/یکانه

Either or Survivor/هریک از امضاء

Jointly/مشترک

Other (Please Specify)/دیگر (لطفاً مشخص نمائید):

NID/Passport# 2

Instructions /هدایات:

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

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

KYC Information Sheet –Individual Accounts

Annexure of Account Opening Form:

Date: _____

(A)

Account Title: _____

Name of Account Holder: _____

Account No. _____

A/C Type: Qardul Hasana Current Payroll Mudarabah Saving Mudarabah 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 employeer

Pending Documents: _____ Pending Documents to be collected on _____

(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: _____ Major Suppliers/Customers: Not specified _____

Countries of Operation Domestic International Countries of operation _____

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: _____