

INDIVIDUAL ACCOUNT OPENING FORM

فورم افتتاح حساب انفرادی

Existing Relationship:

Do you have an existing account with AIB?

No Yes (New account 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/تذکره یا پاسپورت:		
Branch/نمایندگی:	Date of Issue/تاریخ صدور:		
Account Title/اسم حساب:	Date of Expiry(Passport)/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:	First Nationality/تابعیت اول:		
	Second Nationality/تابعیت دوم : None		
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:----- -----
E-mail/ایمیل:----- -----

Mobile No/شماره موبایل:----- -----
Fax No/فکس:----- -----

Address/آدرس Select if the permanent address is the same as current address

Current Address in Afghanistan / سکونت فعلی	House No/نمبر خانه:
	Lane/کوچه:
	Street/سرک:
	District/ناحیه:
	City/شهر: Afghanistan.....

Permanent Address/سکونت اصلی	House No/نمبر خانه:.....None.....
	Lane/کوچه:.....enoN.....
	Street/سرک:
	District/ناحیه:
	City /شهر و کشور / Country: Afghanistan.....

INDIVIDUAL ACCOUNT OPENING FORM

فورم افتتاح حساب انفرادی

Employment/معلومات مشتری:

Employment	<input type="checkbox"/> Full Time Permanent	<input type="checkbox"/> Full Time Temporary	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Self Employed
	<input type="checkbox"/> Part Time	<input type="checkbox"/> Retired Pensioned	<input type="checkbox"/> Retired Non Pensioned	
	<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:.....

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: None				

In case of Joint Account/در صورت حساب مشترک:

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

List of Products/فهرست خدمات:

Credit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	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	Debit Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payroll Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Home Equity Loan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Phone Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cheque Book	<input type="checkbox"/> Yes <input type="checkbox"/> No	SMS Banking	<input type="checkbox"/> Yes <input type="checkbox"/> No		

1. Applicant's Name/اسم متقاضی:

Signature/امضاء:

2. Applicant's Name /اسم متقاضی:

Signature/امضاء:



Account Name/اسم حساب:	
Account Number/شماره حساب:	
Name of Authorized Signatory/اسم شخص صلاحیت دار:	
Effective Date/تاریخ انفاذ:	
SIGNATURES SPECIMEN/THUMB IMPRESSIONS	
NID#:	

Mode of Operation

- Sole Signatory / یگانه
- Either or Survivor/هریک از امضاء
- Joint/مشترک
- Other (Please Specify)/دیگر (لطفاً مشخص نماید):

Instructions/هدایات: Fully Authtorize



Account Name/اسم حساب:	
Account Number/شماره حساب:	
Name of Authorized Signatory/اسم شخص صلاحیت دار:	
Effective Date/تاریخ انفاذ:	
SIGNATURES SPECIMEN/THUMB IMPRESSIONS	
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Instructions/هدایات: Fully Authtorize

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. _____

Initial Deposit:

Cash

Cheque

Transfer

(B)

Receipt of Required Documents:

- | | |
|--|---|
| <input type="checkbox"/> NID/Passport | <input type="checkbox"/> Customer's Photo |
| <input type="checkbox"/> Valid Visa/Work Permit (In case of non-local) | <input type="checkbox"/> Signed SS Card |
| <input type="checkbox"/> Identification for South Border (Qabayel) | <input type="checkbox"/> Salary Slips / Employee ID card incase of employee |
| <input type="checkbox"/> Documents verifying source of wealth _____ | |

Pending Documents: _____ None

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 (tenure): _____

Position held by the applicant (current designation): _____

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: _____ Nil _____

Major Suppliers/Customers: _____

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

Business Activity:

Wholesale Retail Trading Manufacturing NGO Service Sector Contractor Other

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)(Average per month)

Purpose of Account opening: _____

Source of Income / Funds / Wealth:

Salary Rental Investment Business Concern Other

Total estimated net worth (AFN / USD / EUR): _____

Estimated average number of cash transactions: _____

Estimated average cash amount: _____

Estimated average amount of remittances (Inward/Outward): _____ N/A _____

Total expected annual turnover on account _____

Countries expected to send and receive funds to/from: _____

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: _____