



For Bank Use Only					Please co	mplete all	details in capit	al letters	
Branch Name			Branch Cod	de	Customer I	Number			
Purpose of CIF					CIF Opening	Date D	D M M Y	YY	
Account Officer	RM/BM Code					egment			
What is the purpose of this fo	orm? (please select)	Customer Infor	mation Creation		Customer	Information	on Update		
Select appropriate relation	Individual					Authorised Sig	natory)		
Is the customer visually imp	paired? (please select)	Yes	No		,			, 3,	
Personal Information	on								
Title Mr. Mrs.	Ms. Dr	. Other	First N	ame (as per Pas	ssport / ID)				
Middle Name(s) (if applicable)			Last N	ame (as per Pas	ssport / ID)				
Father's Name			Husba	nd's Name (if a	applicable)				
Mother's Maiden Name		Date of Birt	:h D D M		Y Gender	Male	Female	Other	
Marital Status	Single Married	Other		ID Docum	ent Type (please selec	t)	Oman ID	Passport	
ID No.		ID Dat	e of Issue		Y Y ID Date o	of Expiry			
Relationship with HBL	Less than 1 year	1 - 3 Years	3 Years 8	above					
Nationality	Oth	er Nationalities	Yes N	o If 'Yes', p	olease list nationaliti	es			
Passport No.	Pass	oort Date of Issue			Passport Date of E	xpiry			
CNIC / SNIC / NICOP (for	Pakistani Nationals (Only)							
City of Birth	C	ountry of Birth			Country of Resid	ence			
Are you a politically expose	ed person (PEP) or a F	amily Members/Cl	ose Relative/Ass	sociate of a l	PEP Yes		No		
Name of th	e Family Members/C	lose Associate		Des	ignation	Natur	e of Relations	hip	
Are you, or have you ever been a	a citizen or tax resident of	a country other than C	Oman Yes	No If	Yes', please complete th	e CRS/FATC	A Declaration Fo	orm - Individual	
Residential Address									
House/Appt. No./Appt. Nar				Stree	et No./Name	ame			
Area/District/Block No.		City			Country				
Postal Code /P.O. Box (if ap	oplicable)								
Permanent Address		sidential Address)							
House/Appt. No./Appt. Nar	ne			Stree	et No./Name				
Area/District/Block No.		City			Country				
Postal Code /P.O. Box (if ap	plicable)								
Work Address (if applic	:able)								
Office No./Office Name				Stree	et No./Name				
Area/District/Block No.		City			Country				
Postal Code /P.O. Box (if ap	oplicable)								
Contact Details (as ap	pplicable)								
Residential Landline			Mobile	Number					
Office Landline			Email	Address					
D. C. D. C.	Control								
Preferred Mode of 0	Lontact		Residential		Permanent		WI		
Mailing Address (select one)			Residential		Carridatelle		Work		

Customer Demograph	ics										
Customer Segment (please select)	Salaried	Stud	ent		Housewife		Landlord		Unemployed	
		Self Employed	HBL	Staff		Minor		Pensioner			
Name of Company/Employer				Profe	ession			Designation			
Nature of Business (please select and provide details)	Import	/Export Manufa	xport Manufacturing		struction	Trading Service		ces Other (please specify)			
Business Details											
Source of Income (select all that apply)	Salary	Property/Rea	l Estate	Agri	iculture	Home I	Remittance	Busine	SS (Self Employed	d) Other	
Source of Wealth (select all that apply)	Gift	Personal Sav	rings	Inheritance Property Sale			/ Sale	Other	(please specify in of Wealth / Inco	in respective Source ome)	
Other Source of Wealth (please specify)											
Other Source of Income (please specify)					Expect	ed Monthly Ir	ncome (OMR)				
Expected Credit Turnover (mor	ithly)	Amount (Amount (OMR) Amount (OMR)				No. of Tran	sactions			
Expected Debit Turnover (mon	thly)	Amount (c					No. of Tran	o. of Transactions			
Normal/Expected Modes of Cre	dit Cas	sh Cheque/m	nonetary		Remitta	ance	Online Fu	nds Transfer	/Internet Bar	nking	
Transactions (select all that apply)	М	ultiple Modes of Tr	ole Modes of Transactions		Other (please Specify)						
HBL Digital Banking Services (Mobile Banking, Internet Banking	and Direct 1	ransfers) Applicable t	o all eligib	le account	ts under sa	ame ID numbe	r		Yes	No	
I/We will notify the Bank as soon as p my/our business(es). If I/we do not up b) I/We have read and fully understown the street of the Bank from the shall provide the Bank from c) I/We shall provide the Bank with u for the Bank to comply with its regular by the shall provide the Bank with u for the Bank to comply with its regular by I/We have read and fully understown the street of I/We confirm and agree that I/we are the best of the street of t	pdate the Bar pdate the Bar pd the terms it ime to time p-to-date info ations, policie od the schedu We agree to p can full read a res, SMS, Ema neficial owne الياني: المنقوم بإخطار ققد يتم إغلاق أو تعدمها البنك له البنك له وسياساته والمد وقبول أية تعد وقبول أية تعد وقبول أية تعد وقبول أية تعد والمواط	ألاً my/our relationship wand conditions awailable on to any services grantee to these terms and corporation and document is and applicable rules, le of charges available of charges and charges and understand English a il, and notices, to be mar of this account. المواعقة الإلاية المحتودة والمتقادي واعتقادنا سأقور المتدافر البنك بالتحديث المقال المتدافر على على دفع الرسوم والتكالية فق على دفع الرسوم والتكالية	with the Bar e on the Ban d to me/us l hditions. is including aws, orders on the Bank and accept a and do not r ide available الناء إذا لم أقد الناء إذا لم أقد http://	nk may be of k's website by the Bank any kind of and decree 's website inly amendi equire the e to me in الما المناس (globalhbl. التات التي قد ttp://globa	closed or rec المحدود	ee to be bound land/or collatera. th may be made pertaining to, but of the language of the l	discretion of th by the said terr als as may be re by the Bank fr ut not limited th ge. الو المستندات المصرفية اله الممال المستندات ذات الممال المستندات ذات المي ذلك أي نوع على هذه المنافة الإنجليزية و المنافة الإنجليزية و	ne Bank without ms and conditic equired by the com time to time to, the applicati it is a / أو الذ تمي / لمعلوماتنا و تمي / لمعلوماتنا و ووثائق محدثة بم د يجريها البنك من و ووثائق محدثة بم د يا الرسوم المتا- د يعربي البنك من و	any prior notice ons and accept ar Bank from time the to this schedul on form(s), term الما على الحماية الما الما الما الما الما الما الما الم	e. ny amendments to time in order le of charges ns and conditions and conditions and / نتقد مبال المسلم للومات أو أينة إضاف أو أينة إضاف أو أين أو ألم قرأت أو أرات إلا كما مستقوم بنزو و أقبل إلا كما مستقوم بنزو و أقبل إلا على جدول الرسم المنا النصية القصية المستودات الوسائل النصية القصية القصية المستود الوسائل النصية القصية القصية المستود الوسائل النصية القصية المستود المستود المسائل النصية القصية المتصية المتصي	
(*) Applicant's thumb impression is required in case the applicant is unable to sign or has a shaky signature. 2 latest photographs must also be submitted. Date					Please	TEMSE SIGNITIES			person who is unable to sign or has a shaky signature		
		Signature/T	humb Imp	oression							
For Bank Use Only I / We confirm that I / We know the	customer o	r / We have interviev	ved the cu	stomer(s)	personall	y and have upo	dated / verifie	ed the details	in the system.		
Officer Name		Signatur	e					Attorney	No.		
Manager Name		Signature	e					Attornev	No.		