



Individual Account Opening Customer Information Form

For Bank Use Only	Please complete all details in capital letters						
Branch Name	Branch Code Customer Number						
Title of Account	Account Short Name						
CIF / Account Opening Date D D M M Y Y Y Account Officer RM/BM Code							
Customer Segment IB	AN O M						
What is the purpose of this form? (Please Select)	ation Customer Information Creation / Updation If CI/U, please complete this form until the 'Type of Account' section						
Is the customer visually impaired? (Please Select)	No						
Select appropriate relationship (Please Select) Individual Non-Individual (Authorized Signatory / Non Authorized Signatory)							
Personal Information							
Title Mr. Mrs. Ms. Dr. Othe	First Name (as per Passport/ID)						
Middle Name(s) (if applicable)	Last Name (as per Passport/ID)						
Father's Name	Husband's Name (if applicable)						
Mother's Maiden Name Date	of Birth DDMMYYYYGender Male Female Other						
Marital Status Single Married Other	ingle Married Other ID Document Type (please select) Oman ID Passport						
ID No. ID Date of Issue D D M M Y Y Y Y ID Date of Expiry D D M M Y Y Y Y							
Nationality Other Nationalities Yes No If 'Yes', please list nationalities							
Passport No. Passport Date of Issue D D M M Y Y Y Passport Date of Expiry D D M M Y Y Y Y							
CNIC / SNIC / NICOP (for Pakistani Nationals)							
Relationship with HBL Less than 1 year 1-3 year	r 3 years & above						
City of Birth Country of Birth	Country of Residence						
Are you a politically exposed person (PEP) or a Family Meml							
Name of the Family Members/Close Associa							
Are you, or have you ever been a citizen or tax resident of a country other	than Oman? Yes No If 'Yes', please complete the CRS/FATCA Declaration Form - Individual						
Residential Address							
House/Appt. No./Appt. Name	Street No./Name						
Area/District/Block No.	City						
Postal Code /P.O. Box (if applicable)							
Permanent Address (complete if different to Residential Address	s)						
House/Appt. No./Appt. Name Street No./Name							
Area/District/Block No.	City						
Postal Code /P.O. Box (if applicable)							
Work Address							
Office No./Office Name	Street No./Name						
Area/District/Block No.	City						
Postal Code /P.O. Box (if applicable)							
Contact Details (as applicable)	Mahila Nurahar						
Residential Landline	Mobile Number Email Address						
Office Landline	Effidit Address						
Preferred Mode of Contact							
Mailing Address (select one)	Residential Permanent Work						
Mode of Communication (please select)	Postal Email SMS						
Customer Demographics							
Customer Segment Salaried Student	Housewife Landlord Self Employed Unemployed						
(please select) HBL Staff Minor	Pensioner						
Name of Company/Employer							
Profession	Designation						
Nature of Business (please select and provide details) Business Details Import/Export Manufactu	ring Construction Trading Services Other (please specify)						
	Salary Property/Real Estate Agriculture Home Remittance Business (Self Employed)						
(select all that apply)							
Other (please specify) Source of Wealth Gift Personal Savir	gs Inheritance Property Sale Other (please specify)						
(select all that apply)							

Other Source of Wealth (please specify)			Expected Monthly Income (OMR)	У			
Expected Credit Turnover (monthly)	Amoun	it (OMR)		No. of Transactions			
Expected Debit Turnover (monthly)	Amoun	` '		No. of Transactions			
Normal/Expected Modes of Credit tra (please select all that apply)		Cheque/mor ple Modes of Trans		olease Specify)	ransfer/Internet Banking		
Account Details (please select a	appropriate box)						
Type of Account (please select)	HBL Current Account	t HBL Savings	Account Staff Acco	ount			
Currency of Account (please select)	OMR AED	USD	GBP E		Other please specify)		
Initial Deposit (amount)				U	prease specify)		
Source of Initial Deposit (please select)	Cash Inter	nal Transfer	Monetary Instrument	Wire Transfer	Online Funds Tranfer		
Purpose of Opening Account	Savings	Salary	Credit Facility	Pension	Home Remittance		
(please tick)	Business C	Consumer Finance	Import/Export	Other (please specify)			
Operational Instructions (please select)	Self	Photo					
HBL Electronics Services (s	elect all the services you requ	uire)					
HBL Digital Banking	HBL E-Statement	Frequency of E-Sta (please select)	tement Daily	Weekly Monthly	Half-yearly Yearly		
HBL PhoneBanking	HBL SMS Alerts Servi	" '	No				
HBL DebitCard (please select)	Yes No If	'Yes', please select one fr	om the below	HBL Debit Card, Visa			
Name to appear on HBL DebitCard							
الWe hereby apply for the account(s) and/or the Banking services detailed in this application form and correct. I/We hereby confirm that: a) I/We certify that the associated document(s) given with this form and the information given in this form is/are accurate to the best of my/our knowledge, information, and belief. I/We will notify the Bank as soon as possible for any change of information, addition or updating of my/our information and/or associated document(s) pertaining to me/us and/or to my/our business(es). If I/we do not update the Bank, my/our relationship with the Bank may be closed or restricted at the discretion of the Bank without any prior notice b) I/We have read and fully understood the terms and conditions available on the Bank's website http://globalhbl.com/oman/ and their application to any services granted to me/us by the Bank. I/We agree to be bound by the said terms and conditions and accept any amendments which may be made by the Bank from time to time to time to these terms and conditions c) I/We shall provide the Bank with up-to-date information and documents including any kind of securities and/or collaterals as may be required by the Bank from time to time in order for the Bank to comply with its regulations, policies and applicable rules, laws, orders and decrees of Oman. d) I/We have read and fully understood the schedule of charges available on the Bank's website http://globalhbl.com/oman/ and I/We agree to pay the fee and charges and accept any amendments which may be made by the Bank from time to time to this schedule of charges without receiving prior notice. e) I/We confirm and agree that I/we can full read and understand English and do not require the provisions pertaining to, but not limited to, the application form(s), terms and conditions, schedule of charges, letters and advices, SMS, Email, and notices, to be made available to me in Arabic or any other language. f) I/We declared that I/We are the beneficial owner of this account. s) Early I/We will be a subject of the							
Date DDMMYYYY	Signature	e/ Thumb Impressio	on(*) Please si	gn here	Photograph of person who is unable to sign or has a shaky signature		
(*) Applicant's thumb impression is	required in case the app	licant is unable to s	ign or has a shaky signatu	ure. 2 latest photographs n	nust also be submitted.		
For Bank Use Only							
I/We confirm that I/We know the	customer or I/We inte	erviewed the custo	omer(s) personally and I	have updated / verified th	ne details in the system.		
Officer Name		Cigratur		Attamaco			
Officer Name		Signature		Attorney No.			
Manager Name		Signature		Attorney No.			