

Currency of Account (please select)

OMR

AED

USD

GBP

EURO



For Bank Use Only					Please complete a	ıll details in capital letters				
Branch Name	Branch Code	2		Accoun	t Opening Date	D M M Y Y Y Y				
Account Officer	Customer N	umber			RM/BM Code					
IBAN O M				Accoun	t Short Name					
Title of Account										
Type of Customer (please tick)				All	customers must compl	lete 'FATCA/CRS Form - Entities				
Partnership Autonomous Bodies Sole proprietorsh	ip/SPC St	ate Owne	ed Entity		Company (SAOG)	Unlisted Company (SAOC				
Private Multinational Company Private Limited Company Public Multinational Company Branch Office/Liaison Office of Foreign										
Limited Liability Company Offshore Company Trusts/Clubs/Societies/Associations/Charities/NGOs etc										
Free Zone Onshore/Offshore International Organizat			ns/ Embass		ates Other					
Personal Investment Holding Company Special Purpo			al Governm		porcon who ultimately o	num(s) or controls a customer and				
Business Details (as applicable) (Note: An Ultimate Beneficial Owner is any natural person(s)/individual shareholder/legal person who ultimately own(s) or controls a customer and or holding shares equal to or above %5 in an entity)										
Ultimate Beneficial Owner(s)										
Commercial Registration No			Commerc	ial Registra	ation issue date D	D M M Y Y Y Y				
Chamber of Commerce Registration No . (if applicable)	A £									
Registration Expiry Date D D M M Y Y Y Y Issuing Authority Date of Incorporation (if applicable) D D M M Y Y Y Y Place of Incorporation (if applicable)										
Type of Company (as per certificate of registration)	i tacc or i	ricorporat	лотт (п арриса		T Number					
Registered Business Address				٧٨	i ivuilibei					
Office No./Name		Street	No./Name							
Area/District/Block No.		City			Country					
Postal Code /P.O. Box		Neare	st Landmar	k (if applica	able)					
Office Landline (if applicable)		Mobile	e Number							
Email Address										
Trading Address/Premises (please complete if different to provided n	registered address	above)								
Office No./Name	egistered address		No./Name							
Area/District/Block No.		City			Country					
Postal Code /P.O. Box		_	st Landmar	k (if applica	,					
Office Landline (if applicable)		Mobile Number								
Email Address										
Mailing Address										
(eg. The Directors, The Partners, etc)										
Office No./Name		Street	No./Name							
Postal Code /P.O. Box	.y			Cou	untry					
PO Box	Вох		st Landmar	k (if applica	able)					
Office Landline (if applicable)			e Number							
Email Address										
Nature of Business (please select and provide details)										
Import/Export Manufacturing Trading	Ser	vices	Constru	uction	Other (please sp	ecify)				
Do you trade outside of Oman? (please select) Yes No If 'yes', please list the countries involved										
Expected type of counterparties/customers/suppliers associa	ted with this e	entity								
Business Financial Details										
Number of employees (if applicable)	Da	te of Busi	iness Comn	nenceme	nt D	DMMYYYY				
Expected turnover in the next 12 months (OMR)			Source	of Incom	e					
Expected monthly Credit Turnover Amount (OMR)				N	o. of Transactions					
	apply) Cash	Char	auo Cloorine			Online Funds Transfer				
Normal/Expected Modes of Credit transactions (please select all that a	рріу) Сазії	CHEC	que Clearing	g AD	Remittance	Offilite Fullus Italisiei				
Other Modes of Credit Transactions (please specify)										
Expected monthly Debit Turnover Amount (OMR)				N	o. of Transactions					
Normal/Expected Modes of Debit transactions (please select all that a	pply) Cash	Chec	que Clearing	g AD	C Remittance	Online Funds Transfer				
Other Modes of Debit Transactions (please specify)										
Type of Account HBL CurrentAccount										

Other (please specify)

Initial Deposit (amount)	Source of Initial Depos	sit Cash	Internal Transfer Mon	netary Instrume	ent Wire Transfer			
Purpose of Opening Business Account (please tick) Rental II		ity Import/	Export Home Remittance	e Others/	Wealth Management			
Signatories (Please complete addition	onal sheets as necessary)							
Please provide details of all Beneficial Ov	wners/Partners/Directors/Trustees/Au	thorised Signatorie	es as applicable, as well as any Share	eholders with a holdi	ng greater than 10%			
(1) Name			Customer Identification	Number				
Role (please tick)	Beneficial Owner	Partne	r Director	Trustee	Auth Signatory			
Designation		Individual's	shareholding/stakeholding/\	oting right perc	entage: (if applicable)%			
(2) Name			Customer Identification	Number				
Role (please tick)	Beneficial Owner	Partne	r Director	Trustee	Auth Signatory			
Designation		Individual's	hareholding/stakeholding/\	oting right perc	entage: (if applicable)%			
3) Name			Customer Identification	Number				
Role (please select)	Beneficial Owner	Partne	r Director	Trustee	Auth Signatory			
Designation		Individual's	shareholding/stakeholding/\	oting right perc	entage: (if applicable)%			
(4) Name			Customer Identification	Number				
Role (please select)	Beneficial Owner	Partne	r Director	Trustee	Auth Signatory			
Designation		Individual's	hareholding/stakeholding/\	oting right perc	entage: (if applicable)%			
Declaration I/We, being duly authorized by the applicant partnership / branch / company / other legal entity, hereby apply for the account(s) and/or the banking services detailed in this application form and confirm that the details provided in this application form are true 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. by I/We have read deare that information of Ultimates Beneficial Owners (I/BO) of this account provided above is true as per best of my/our knowledge, and if such information changes, I/We will promptly notify the Bank in writing. c) 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. d) 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 to time in order for the Bank to comply with its regulations, policies and applicable rules, laws, orders and decrees of Oman. J/We have read and fully understood the schedule of charges without receiving prior notice. J/We have read and fully understood the schedule of charges without receiving prior notice. J/We have read and fully understood the schedule of charges without receiving prior notice. J/We confirm and undertake to immediately inform the Bank in the event of papearance of any sign of conflict or dispute between the p								
Authorised Signatory (1) Name		Signature		Date	D D M M Y Y Y Y			
(2) Name		Signature			D D M M Y Y Y Y			
•					D D M M Y Y Y Y			
(3) Name		Signature						
(4) Name		Signature		Date	D D M M Y Y Y			
For Bank Use Only I/we confirm that I/We know the customer or I/We interviewed the customer(s) personally and have updated / verified the details in the system.								
Officer Name	Sign	nature		Attorney No.				
Manager Name	Sigr	nature		Attorney No.				