



# Habib Bank Zurich plc

Branch \_\_\_\_\_ Date \_\_\_\_\_

## BUSINESS ACCOUNT OPENING FORM

Please complete in BLOCK Capitals

I/We wish to open:  Current Account  GBP  US\$  €  Other \_\_\_\_\_  
Please tick  Time Deposit Account\*  GBP  US\$  €  Other \_\_\_\_\_

Account Title: \_\_\_\_\_ Account No: \_\_\_\_\_

Category  Sole Proprietor  Partnership  Private Limited Company  Public Limited Company  
(Type of Business):  Limited Liability Partnership  Trust Account  Registered Charity  Other \_\_\_\_\_

Country of Incorporation/Formation: \_\_\_\_\_ Country of operations: \_\_\_\_\_  
(Country of Incorporation, in case of company) (Complete only if different from 'Country of Incorporation')

Registered Address: \_\_\_\_\_

Trading Address (If different from registered address): \_\_\_\_\_

Date of Incorporation: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

### Tax Status

Please choose one option

Is your business an operating business which derives more than 50% of its income from manufacturing, commercial business and/or creation sale of goods/services?  Does your business derive more than 50% of its income from interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc.  (Please complete Entity Tax Status Declaration Form)

Was your business established or is it resident for tax outside the UK? (Please provide details of tax residences below)  Yes  No

Country where business is established/Tax Residence	TIN (Tax Identification Number)
Country 1:	
Country 2:	
Country 3:	

If a TIN is unavailable, please provide the appropriate reason A, B or C:

Reason A  The jurisdiction where the entity is a resident for tax purposes does not issue TINs to its residents.

Reason B  The entity is unable to obtain a TIN. Explain why the entity is unable to obtain a TIN if you have selected this reason.  
If you have selected Reason B, then please explain why: \_\_\_\_\_

Reason C  TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed.

If the account holding Entity is not a tax resident in any jurisdiction due to the fact that it is fiscally transparent, please indicate the jurisdiction in which its place of effective management is situated.

### Declarations and Undertakings

- For the duration of the contractual relationship with the Bank, I/We hereby confirm that I/We undertake to notify the Bank on my /our own initiative, if a change in circumstances makes any information on this Account Opening Form signed by us (which for the purposes of this clause we shall call the "Form" and any other relevant form(s), where appropriate, incorrect and undertake to provide a suitably updated form within 30 days of such change.
- I/We understand and acknowledge that you may provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or has similar power over us for tax purposes, a copy of this Form and any other relevant form(s), where appropriate and may disclose to such tax authorities or such party any additional information that you may have in your possession. I/We understand and acknowledge that information contained in this Form and information regarding income paid or credited to or for the benefit of the account(s) with us may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information to the country or countries in which the Entity and/or the Controlling Persons of Passive NFEs is/are resident for tax purposes pursuant to and in accordance with the relevant tax regulations.
- I/We understand and acknowledge that you may provide, directly or indirectly, a copy of the form and any other relevant form(s), where appropriate and information relating to the account(s) with us, as required by law, to: (i) any person that has control, receipt, or custody of income to which this Form and any other relevant form(s), where appropriate relates; (ii) any person that can disburse or make payments of income to which this Form and any other relevant form(s), where appropriate relates; or (iii) any party authorised to audit or conduct a similar control of the account holder(s)/Controlling Person(s) for tax purposes.
- Further, I/We understand and acknowledge that reporting and/or disclosure consequences may occur, if I/We fail to comply with my/our obligations to submit the necessary forms and/or documentation following a change in circumstances.
- I/We confirm that all the assets deposited with the Bank are fully declared and subject to regular income / wealth taxation where the Account Holder and - as the case may be - the Controlling Person(s) of Passive NFEs is/are required to pay taxes in accordance with the relevant tax regulations.
- I/We further confirm that the account holding Entity has been established for legitimate commercial reasons and that any and all transactions, in which the Bank is to provide banking services, are effected for the same reasons. Neither the account holding Entity nor any transaction, in which the Bank is to provide banking services, forms or is intended to form part of a scheme or an arrangement for which the main purpose, or one of the purposes, is the illegal avoidance of tax liability in the relevant tax jurisdiction(s).
- I/We declare that I/We have examined the information on this Form and any other relevant form(s), where appropriate and to the best of our knowledge and belief it is true, correct, and complete.

## COMPANY MANAGEMENT

Director
  Secretary
  Authorised Signatory
  Shareholder
  Other \_\_\_\_\_

Prefix:  Mr  Mrs  Ms  Miss  Other *please specify* \_\_\_\_\_

Forename: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Surname: \_\_\_\_\_ Gender: \_\_\_\_\_

Martial Status:  Single  Married  Other *(Please specify)* \_\_\_\_\_

Nationality: \_\_\_\_\_ Dual Nationality: \_\_\_\_\_ Dual Nationality: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Profession: \_\_\_\_\_

Type of ID:  Passport  Photo (Full) UK Driver's License  Other *(Please specify)* \_\_\_\_\_

ID Number: \_\_\_\_\_ ID Expiry: \_\_\_\_\_

Visa *(if residing on a residence visa/permit)*: \_\_\_\_\_ Visa Type: \_\_\_\_\_ Visa Ref: \_\_\_\_\_

Are you a UK resident?  Yes  No  Other *(Please specify)* \_\_\_\_\_

If yes, are you registered on the UK voters roll?  Yes  No\* *(\*If No, confirm any CCJs)*

**Current Residential Address:**  
 (Including Zip/post code and country)

**Proof of Address:**  Utility Bill/Council Tax Bill  Bank Statement  
 (Dated within 3 months)  Driving License  Other *(Please specify)* \_\_\_\_\_

**Please give your previous address if you've been at your present address for less than three years.**

Number / Name / Street		
City / County / State		
Country		
Postcode / Zip code		
Date moved to this address (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Personal Contact Details \_\_\_\_\_ Phone Residence: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Phone Office: \_\_\_\_\_ Email address: \_\_\_\_\_

## COMPANY MANAGEMENT

<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Shareholder <input type="checkbox"/> Other _____		
Prefix: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <i>please specify</i> _____		
Forename:		Middle Name:
Surname:		Gender:
Martial Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other ( <i>Please specify</i> )		
Nationality:	Dual Nationality:	Dual Nationality:
Date of Birth:	City of Birth:	Country of Birth:
Profession:		
Type of ID: <input type="checkbox"/> Passport <input type="checkbox"/> Photo (Full) UK Driver's License <input type="checkbox"/> Other ( <i>Please specify</i> ) _____		
ID Number:		ID Expiry:
Visa ( <i>if residing on a residence visa/permit</i> ):	Visa Type:	Visa Ref:
Are you a UK resident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other ( <i>Please specify</i> ) _____		
If yes, are you registered on the UK voters roll? <input type="checkbox"/> Yes <input type="checkbox"/> No*            (*If No, confirm any CCJs)		
<b>Current Residential Address:</b> (Including Zip/post code and country)		
<b>Proof of Address:</b> <input type="checkbox"/> Utility Bill/Council Tax Bill <input type="checkbox"/> Bank Statement (Dated within 3 months) <input type="checkbox"/> Driving License <input type="checkbox"/> Other ( <i>Please specify</i> ) _____		
<b>Please give your previous address if you've been at your present address for less than three years.</b>		
Number / Name / Street		
City / County / State		
Country		
Postcode / Zip code		
Date moved to this address (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<b>Personal Contact Details</b>		<b>Phone Residence:</b>
		<b>Mobile No:</b>
<b>Phone Office:</b>		<b>Email address:</b>

**ACCOUNT OPERATION**

Single    Either or Survivor    Jointly    Other (Please Specify): \_\_\_\_\_

**Correspondence Address:** including zip/postcode

**TYPE OF SERVICES**

**Statement:** (Please select one)

Paper Statement  

e-Statement  

In case of e-Statement, please provide e-mail address.

*(Please note you can only opt for half yearly or annual statement frequency if you have subscribed to the HBZ Internet Banking).*

**E-mail address:**

**Statement Frequency:**    Monthly    Half Yearly    Annually

**Cheque Book:**    Yes    No

**Accept Email Instructions**    Yes    No

(If yes, Mandatory to have GSM Mobile Debit Notification)

**Mobile No:**

**HBZ INTERNET BANKING**

**Internet Banking:**    Yes    No

Please note that mobile number and an email address is a mandatory requirement for HBZ Internet Banking service.

You can register for your online banking (web and mobile) by clicking on the Register button by visiting the HBZ site at <https://habibbank.com/uk/home/ukHome.html>. If you require any assistance, please contact your Relationship Manager/Branch.

**GSM Services:**

Balance Inquiries

Daily Balance

All Debit Balance

Credit Balance Only

Transaction Inquiries

All Transactions

All Debit Transactions

All Credit Transactions

Other Inquiries

Other Bank's Cheque Cleared

Other Bank's Cheque Returned

Your Cheque Returned

Your Cheque Cleared

**Email address:**

**Mobile Number:**

**INTRODUCTION / REFERENCE**

**Name of Introducee (Bank details if applicable) who maintains account with our Bank:**

**Branch** (where applicable):

**Account Number** (where applicable):

**A****DECLARATION OF IDENTITY OF THE BENEFICIAL OWNER**

I/We \_\_\_\_\_ the contracting partner hereby declares that the individual(s)/partnership(s)/ legal (entities) listed below is/are the beneficial owner(s) of the assets, deposited under the above relationship. If the contracting partner is also the sole beneficial owner of the assets, the contracting partner's details must be set out below:

Last Name, First Name/ (Company Name)	%	Date of Birth	Nationality	Address/registered office and Country

The contracting partner undertakes to inform the bank of any changes.

I/We confirm that to the best of my / our knowledge and belief the information given above is correct. I/We agree to provide you with any additional documentation which you require. I / We undertake to advise the Bank immediately of any changes affecting the above information. I/We authorise the Bank to make such enquiries and to take up such references as it may consider necessary with regard to the opening of such account.

I'd like to receive exclusive news and marketing material by email / post from Habib Bank Zurich plc  Yes  No

**I/We confirm having received, read and agreed to the Bank's General Terms and Conditions including consent to share and data transfer in the relevant clause of our General Terms and Conditions for Business Account.  
(Authorised signatories to sign)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

Account Opening Officer Name & Signature	Relationship / Branch Manager Name & Signature

**The Manager**  
**Habib Bank Zurich plc**

\_\_\_\_\_ Branch

Date \_\_\_\_\_

Dear Sir,

**YOUR APPOINTMENT AS BANKERS OF OUR COMPANY:** \_\_\_\_\_

We confirm that in the Board of Directors Meeting of our Company, the following Resolution was passed and entered in the Minute book.

“ IT WAS RESOLVED:

- a. That an account or accounts be opened with **Habib Bank Zurich plc** with the instructions:
- (i) to honour and comply with all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders which may be drawn, accepted, made or given on behalf of this Company at any time or times whether the account or accounts of this Company be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit,
  - (ii) to honour and comply with all instructions to deliver or dispose of any securities or documents or property whether held as security or for safe custody by the Bank on behalf of the Company,
  - (iii) to treat all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders as being endorsed, if required, on behalf of the Company and to discount or otherwise deal with them,
  - (iv) to treat for and on behalf of the Company applications for loans/credits/banking facilities including opening of letters of credit of any kind or Bank guarantees of Bonds of any kind, or instructions for sale of purchase of Foreign Exchange.

PROVIDED that such cheques, bills, drafts, promissory notes, acceptances, negotiable instruments, or documents signed or endorsed by any of the following directors or Officers:

NAMES	DESIGNATION	OPERATION (SINGLY / JOINTLY OR OTHER)	SIGNATURE

- b. that a director of a Company has full authority in accordance with the Memorandum & Articles of Association; for and on behalf of the Company to arrange with the Bank from time to time banking or credit facilities whether secured or unsecured and to mortgage or charge all or any of the assets of the Company including goodwill and uncalled capital and to sign on behalf of the Company any documents from time to time required by the Bank relating to or for securing any advances to the Company or any liabilities of the Company to the Bank, and to sign any guarantees, indemnities or counter indemnities or other undertakings to the Bank.
- c. That the Bank be furnished with a copy of the Company's Memorandum and Articles of Association and with copies of any amending special resolutions that may from time to time be passed.
- d. That the Bank be furnished with a list of the names of the directors, secretary and other officers of the Company and specimen signatures of authorised signatory on the account.
- e. That the resolutions shall be communicated to the Bank and remain in force until an amending resolutions shall be passed by the Board of Directors and a copy thereof certified by any two directors and the secretary shall be communicated to the Bank. “
2. We hereby certify the above Resolution to be a true copy from the Minutes of a properly and duly held meeting on \_\_\_\_\_

SIGNATURE CHAIRMAN/DIRECTOR

SIGNATURE SECRETARY/DIRECTOR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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