



Habib Bank Zurich plc

Branch

Date

PERSONAL ACCOUNT OPENING FORM

Individual & Joint Account
Please complete in BLOCK Capitals

| | | | | | |
|--|---|------------------------------|-------------------------------|----------------------------|--------------------------------|
| I/We wish to open: <i>Please tick</i> | <input type="checkbox"/> Current Account | <input type="checkbox"/> GBP | <input type="checkbox"/> US\$ | <input type="checkbox"/> € | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Call Account | <input type="checkbox"/> GBP | <input type="checkbox"/> US\$ | <input type="checkbox"/> € | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Time Deposit Account | <input type="checkbox"/> GBP | <input type="checkbox"/> US\$ | <input type="checkbox"/> € | <input type="checkbox"/> Other |

| | |
|----------------|-------------|
| Account Title: | Account No: |
|----------------|-------------|

APPLICANT 1

Prefix: Mr Mrs Ms Miss Other *please specify*

| | |
|-----------|--------------|
| Forename: | Middle Name: |
|-----------|--------------|

| | |
|----------|---------|
| Surname: | Gender: |
|----------|---------|

Marital 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 Date: |
|------------|-----------------|

| | | |
|---|------------|-----------|
| Visa <i>(if residing on a residence visa/permit):</i> | Visa Type: | Visa Ref: |
|---|------------|-----------|

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

Are you registered in the UK voters roll? Yes No* *(*If No, confirm any CCJs)*

Residential Address:
Including zip/post code

Proof of Address: Utility Bill / Council Tax Bill Bank Statement
(Dated within 3 months) Driving License Govt. issued document

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"/> |

Personal Contact Details

| | | |
|---------------|------------------|------------|
| Phone Office: | Phone Residence: | Mobile No: |
|---------------|------------------|------------|

| | |
|---------|----------------|
| Fax No: | Email address: |
|---------|----------------|

FATCA (Self-Certification of 'U.S. Person' Status)

The Foreign Account Tax Compliance Act (FATCA) was signed into U.S. law on March 18, 2010. It is aimed at preventing U.S. taxpayers from using accounts held outside of the U.S. to evade taxes. Any financial institution that fails to comply with FATCA will face a 30% withholding tax on a wide range of U.S. sourced payments to its clients.

Under U.S. federal tax law, Habib Bank Zurich plc is required to request certain taxpayer information from persons who maintain an account at Habib Bank Zurich plc (whether such persons are U.S. taxpayers or not). Information collected will be used solely to fulfill Habib Bank Zurich's plc requirements under FATCA and will not be used for other purpose. (For more information, please refer to FATCA section in General Banking terms and conditions for Personal Account).

Are you subject to U.S. taxation due to any reason?

(e.g. U.S. Resident, U.S. Citizenship, U.S. Green Card, Birth in the U.S., substantial presence in the U.S.)

Yes No

Required documentation (if applicable) – If yes, you will need to complete the IRS W-9 Form confirming the US Tax status. By signing this Account Opening Form you are consenting that in such a case, relevant account and/or personal information is released to the US Tax authorities.

Individual Self-Certification Form for Tax Purposes (Common Reporting Standard)

Tax regulations require Habib Bank Zurich plc (hereinafter the 'Bank') to collect certain information about each account holder's tax residency status.

This section is designed to capture the citizenship and residency for tax purposes of the person entitled to the income and assets associated with an account (the beneficial owner).

Please complete, where applicable, the relevant sections below and provide any additional information as may be required. Please be advised that in certain circumstances the Bank may be required to share this information with relevant tax authorities. If you have any questions about how to complete this Section, please contact your tax advisor.

Please indicate all countries in which you are resident for tax purposes and the associated Tax Identification Numbers(TIN).

For the purposes of taxation, I am tax resident in the following countries¹ and my Tax Identification Number (TIN) in each country is set out below or I have indicated that a TIN is unavailable:

| Account Holder | Tax Identification Number (TIN) |
|----------------|---------------------------------|
| 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 account holder is a resident for tax purposes does not issue TINs to its residents.

Reason B The account holder is unable to obtain a TIN. Explain why the account holder 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.

¹List all nationalities, if more than one.

²Generally, an individual is resident for tax purposes in a country if, under the laws of that country (including tax conventions), he/she pays or should be paying tax in that country by reason of his/her domicile, residence, or any other criterion of a similar nature (i.e. full tax liability), and not only from sources in that country. Dual resident individuals may rely on the tiebreaker rules stipulated in tax conventions (if applicable) for determining their residence for tax purposes. Your tax residence usually matches with your principal residence. For instance, a holiday apartment generally does not trigger unlimited tax liability and accordingly does not lead to a tax residence in that country.

Declarations and Undertakings

- I/We understand and acknowledge that you may provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or conduct a similar control of the Bank for tax purposes, a copy of account opening form signed by myself/us (which for the purposes of this clause we shall call the "Form") and may disclose to such tax authorities or such party any additional information that you may have in your possession. I/We further 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 I/We am/are a 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 this Form and information regarding income paid or credited to or for the benefit of the account(s) with us to: (i) any person that has control, receipt, or custody of income to which this Form relates; (ii) any person that can disburse or make payments of income to which this Form relates; or (iii) any party authorised to audit or conduct a similar control of aforementioned persons for tax purposes.
- I/We certify that I/We am/are the beneficial owner (or am/are authorized to sign for the individual that is the beneficial owner) of all the income to which this Form relates or I/We am/are using this Form to document myself/ourselves as an individual/(s) that is an owner of an account held at the Bank.
- I/We confirm that all the assets deposited with you under the above indicated banking relationship are fully declared and subject to regular income / wealth taxation in accordance with the relevant tax regulations and that any and all transactions, in which the Bank is to provide banking services, are effected for legitimate reasons and do not form or intend 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 all information provided and the statements made in this Declaration are, to the best of my/our knowledge and belief, correct and complete and undertake to submit a new form within 30 days if any certification on this Form becomes incorrect.
- Further, I/We 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.

APPLICANT 2Prefix: Mr Mrs Ms Miss Other *please specify*

Forename:

Middle Name:

Surname:

Gender:

Marital 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 Date:

Visa *(if residing on a residence visa/permit)*:

Visa Type:

Visa Ref:

Are you a UK resident? Yes No Other *(Please specify)*Are you registered in the UK voters roll? Yes No* *(*If No, confirm any CCJs)*Residential Address:
Including zip/post codeProof of Address:
(Dated within 3 months) Utility Bill / Council Tax Bill Bank Statement
 Driving License Govt. issued document

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)

| | | | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|--|--|
| | | / | | | / | | | | | | |
|--|--|---|--|--|---|--|--|--|--|--|--|

| | | | | | | | | | | | |
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| | | / | | | / | | | | | | |
|--|--|---|--|--|---|--|--|--|--|--|--|

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Phone Office:

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| Country 3: | |

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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.

¹List all nationalities, if more than one.

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Declarations and Undertakings

1. I/We understand and acknowledge that you may provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or conduct a similar control of the Bank for tax purposes, a copy of account opening form signed by myself/us (which for the purposes of this clause we shall call the "Form") and may disclose to such tax authorities or such party any additional information that you may have in your possession. I/We further 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 I/We am/are a resident for tax purposes pursuant to and in accordance with the relevant tax regulations.
2. I/We understand and acknowledge that you may provide, directly or indirectly, a copy of this Form and information regarding income paid or credited to or for the benefit of the account(s) with us to: (i) any person that has control, receipt, or custody of income to which this Form relates; (ii) any person that can disburse or make payments of income to which this Form relates; or (iii) any party authorised to audit or conduct a similar control of aforementioned persons for tax purposes.
3. I/We certify that I/We am/are the beneficial owner (or am/are authorized to sign for the individual that is the beneficial owner) of all the income to which this Form relates or I/We am/are using this Form to document myself/ourselves as an individual/(s) that is an owner of an account held at the Bank.
4. I/We confirm that all the assets deposited with you under the above indicated banking relationship are fully declared and subject to regular income / wealth taxation in accordance with the relevant tax regulations and that any and all transactions, in which the Bank is to provide banking services, are effected for legitimate reasons and do not form or intend 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).
5. I/We declare that all information provided and the statements made in this Declaration are, to the best of my/our knowledge and belief, correct and complete and undertake to submit a new form within 30 days if any certification on this Form becomes incorrect.
6. Further, I/We 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.

ACCOUNT OPERATION

Single Either or Survivor Jointly Other (Please Specify):

Correspondence Address: (In country of residence including P.O. Box / Zip Code / Postcode, as applicable)

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 Fax/Electronic 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 the email address is a mandatory requirement for HBZ Internet Banking service.

Preferred Login Name 1

Preferred Login Name 2

GSM Services:

Balance Inquiries

Transaction Inquiries

Other Inquiries

Daily Balance

All Transactions

Other Bank's Cheque Cleared

All Debit Balance

All Debit Transactions

Other Bank's Cheque Returned

Credit Balance Only

All Credit Transactions

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 are the Account holders hereby declare that the individual(s) listed below is/are the beneficial owner(s) of the assets, deposited under the above relationship.

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 Condition including consent to share and data transfer in consent to share and data transfer in the relevant clause of our General Terms and Conditions for Personal Account. (Authorised signatories to sign)

Name:

Applicant's Signature:

Name:

Applicant's Signature:

Name:

Applicant's Signature:

Name:

Applicant's Signature:

FOR OFFICIAL USE ONLY

Account Opening Officer Signature

Relationship / Branch Manager Signature

