

## ACCOUNT APPLICATION FORM FOR INDIVIDUALS

FIRST APPLICANT PERSONAL INFORMATION			
Title	First Name(s)	Last Name	
Date of Birth (dd/mm/yyyy)		Place of Birth	
Nationality		Passport number	
Passport issuing country		Passport issue and expiry date	
ADDRESS AND CONTACT INFORMATION			
<b>PERMANENT RESIDENCY ADDRESS:</b>			
Street			
Town/City	Province/State	Country	Postal Code
Phone	Fax	Email	
<b>TEMPORARY RESIDENCY ADDRESS (if applicable):</b>			
Street			
Town/City	Province/State	Country	Postal Code
Phone	Fax	Email	
<b>MAILING ADDRESS</b>			
<input type="checkbox"/> By Mail <input type="checkbox"/> By Fax <input type="checkbox"/> By Email			
<input type="checkbox"/> Permanent Address <input type="checkbox"/> Temporary Address <input type="checkbox"/> Other (Please specify below) <input type="checkbox"/> Held at Bank for collection			
Street			
Town/City	Province/State	Country	Postal Code
Phone	Fax	Email	
CURRENT EMPLOYMENT			
<b>Employment Status</b>			
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Please specify): _____			
<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker			
Occupation/Profession		Start date (dd/mm/yyyy)	
Gross Salary per month (if self-employed, enter yearly business turnover)		Estimated net worth	
Sources of wealth (description of the economic activity which has generated the net worth)			
<b>Employer's contact details (if self-employed, enter business address)</b>			
Company Name		Contact Name (if applicable)	
Street			
Town/City	Province/State	Country	Postal Code
Phone	Fax	Email	

## ACCOUNT APPLICATION FORM FOR INDIVIDUALS

### SECOND APPLICANT PERSONAL INFORMATION ( FOR JOINT ACCOUNTS ONLY)

<b>Title</b>	<b>First Name(s)</b>	<b>Last Name</b>	
<b>Date of Birth (dd/mm/yyyy)</b>		<b>Place of Birth</b>	
<b>Nationality</b>		<b>Passport number</b>	
<b>Passport issuing country</b>		<b>Passport issue and expiry date</b>	

### ADDRESS AND CONTACT INFORMATION

<b>PERMANENT RESIDENCY ADDRESS:</b>			
Street			
<b>Town/City</b>	<b>Province/State</b>	<b>Country</b>	<b>Postal Code</b>
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	
<b>TEMPORARY RESIDENCY ADDRESS (if applicable):</b>			
Street			
<b>Town/City</b>	<b>Province/State</b>	<b>Country</b>	<b>Postal Code</b>
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	

### CURRENT EMPLOYMENT

<b>Employment Status</b> <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Other (Please specify): _____ <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Homemaker			
<b>Occupation/Profession</b>	<b>Start date (dd/mm/yyyy)</b>		
<b>Gross Salary per month (if self-employed, enter yearly business turnover)</b>	<b>Estimated net worth</b>		
<b>Sources of wealth (description of the economic activity which has generated the net worth)</b>			
<b>Employer's contact details (if self-employed, enter business address)</b>			
<b>Company Name</b>	<b>Contact Name (if applicable)</b>		
Street			
<b>Town/City</b>	<b>Province/State</b>	<b>Country</b>	<b>Postal Code</b>
<b>Phone</b>	<b>Fax</b>	<b>Email</b>	



## ACCOUNT APPLICATION FORM FOR INDIVIDUALS

ACCOUNT ACTIVITY			
Account currency: <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify): _____		Purpose of account: <input type="checkbox"/> Living expenses <input type="checkbox"/> Investments/Savings <input type="checkbox"/> Credit Facilities <input type="checkbox"/> Card Facilities <input type="checkbox"/> Other (Please specify): _____	
Source of funds:			
<input type="checkbox"/> Salary <input type="checkbox"/> Inheritance <input type="checkbox"/> Savings <input type="checkbox"/> Dividends <input type="checkbox"/> Other (please specify): _____ Please also provide specific details:			
Frequency of statements: <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> After each transaction <input type="checkbox"/> Upon Request			
OTHER ACCOUNT INFORMATION			
Affiliation with other companies or organizations (as a shareholder/beneficial owner) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please specify the following details: Name of the company: Type of connection (% held): Company address: Business activity: Financial information: (annual turnover, net income)			
Expected annual account credit turnover and types of deposits (as applicable) <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify): _____			
	Incoming transfers	Cash deposits	TOTAL
Current year 20__			
Source of Incoming Funds: Expected remitters of transfers in your favor			
Name	Country	Relationship (ex: buyers of your goods/services, business counterparties- securities trading, loan receiving, family, others)	
Expected annual account debit turnover and types of withdrawals (as applicable) <input type="checkbox"/> EUR <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> Other (Please specify): _____			
	Outgoing transfers	Cash withdrawals	TOTAL
Current year 20__			
Destination of Outgoing Payments: Expected beneficiaries of your payments			
Name	Country	Relationship (ex: suppliers, business counterparties- securities trading, loan payments, family, others)	
Note: For all transactions, you might be required to provide details and documentary evidence.			



## ACCOUNT APPLICATION FORM FOR INDIVIDUALS

### SIGNING AUTHORITY (in case of joint accounts)

**Either**  **Both**

### DECLARATION

I hereby confirm I am not directly and/or indirectly involved in any criminal conduct or money laundering activities or terrorist financing and that I am acting on my own behalf and not as nominee(s) or trustee(s) or in a fiduciary capacity on behalf of any other person or persons.

I confirm that information given in these account opening documents, including any supporting documents are true and complete and I undertake the duty to notify the Bank of any changes to these documents as soon as it happens.

I understand that until the Bank receives notification of any changes, the Bank will act in accordance with the information provided in these account opening documents as well as in all supporting documents provided.

I confirm that I have received, read and understood and agreed to the "General Terms and Conditions" of the Bank to which this account application form and the Account are subject

### SIGNATURE (if joint account all parties must sign)

<b>Signature</b>	<b>Date (dd/mm/yyyy)</b>
<b>Signature</b>	<b>Date (dd/mm/yyyy)</b>

### FOR BANK USE ONLY

**Notes:**

The meeting was held at the Nicosia Branch/Limassol Branch on (dd/mm/yyyy) \_\_\_\_\_

OR

The meeting was not held, because (please specify reasons according to internal procedures):

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

AND

as a result it is recommended to open/not to open the account

Signature \_\_\_\_\_

**BANK ID:**

\_\_\_\_\_