



New Account Questionnaire – Personal Account

The purpose of this questionnaire is to provide all necessary information that will enable the Bank to evaluate and approve your request.

1A. APPLICANT'S GENERAL INFORMATION

Personal Account ☐ Joint Personal Account ☐ (If Joint Personal Account, please complete a separate form for each Individual)

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Dr

Full Name:
(as it appears on the passport or identification card)

Father's name:

Mother's name:

Date of birth: Nationality:

City & country of birth:

Family status: ☐ Single ☐ Married ☐ Widow ☐ Divorced

Is Applicant a Trustee? ☐ YES ☐ NO

Name of Trust: Trust Registration Country:

CY Trust Registration Number: CY Trust Registration Date:

Identification details

Passport

Number: Expiry date (dd/mm/yy): Country of issue:

Number: Expiry date (dd/mm/yy): Country of issue:

Identity Card

Number: Expiry date (dd/mm/yy): Country of issue:

Number: Expiry date (dd/mm/yy): Country of issue:

Residential Address

Number & street:

Postal code: Town: Country:

Correspondence Address

☐ Residential address ☐ Other (please specify and complete below)

Number & street:

Postal code: Town: Country:

Contact Details

Home telephone no.: Work telephone no.:

Mobile telephone no.: Fax no.:

Email address: Skype id:

1B. SELF - CERTIFICATION

Pursuant to the Agreements for the automatic exchange of information which were concluded and/or will be concluded between the Republic of Cyprus and other countries for tax matters and the relevant legislation (including those relating to the Foreign Account Tax Compliance Act - FATCA and the Common Reporting Standard - CRS), Bank of Cyprus ('the Bank') is required to identify account holders that are tax residents in foreign jurisdictions (for purposes of CRS) and are US Persons (that is US citizens or tax residents) (for purposes of FATCA) and report all related information to the Tax Department in Cyprus which in turn will report this information to Tax Departments of the foreign jurisdictions and/or to the IRS of the United States. As a Bank, we therefore request you to complete this Self-Certification Form. Further information on FATCA and CRS may be found on the websites of the Bank of Cyprus at www.bankofcyprus.com, the Association of Cyprus Banks at www.acb.com.cy the U.S. IRS at www.irs.gov/fatca and the OECD at <http://www.oecd.org/tax/automatic-exchange>

Are you a US Citizen / Resident for tax purposes? ☐ YES ☐ NO

Please report all countries in which you are tax resident

Country of Tax Residence	Taxpayer Identification Number (TIN) or Functional Equivalent *		If no TIN available enter Reason A, B or C **
	Type of Document	Number	

* A high integrity number with an equivalent level of identification as a TIN. E.g. Social Security Number, personal ID number.

** Complete only for CRS countries - If a TIN is not available, please provide the appropriate reason A, B or C.

Reason A - The Country where the Account Holder is a tax resident does not issue TINs to its residents.

Reason B - The Account Holder is otherwise unable to obtain a TIN (please explain):

Reason C - No TIN is required (Note: Please select this reason only where the domestic law of the relevant authorities of the country of tax residence entered above, does not require the collection of the TIN issued by such country of tax residence to be disclosed).

2. FINANCIAL INFORMATION

Occupation:

Employer's name:

Employer's Address

Number & street:

Postal code: Town: Country:

Value of Assets:

Expected Annual Dr turnover on account (equivalent in €):

Current Year	Amount in €

Expected Annual Cr turnover on account (equivalent in €):

Current Year	Amount in €

Source / Value of Income:

Type	Description	Amount
☐ Salary		
☐ Pension / Allowance		
☐ Rent		
☐ Interest		
☐ Dividends		
☐ Minor Savings		
☐ Student Allowance		

Source / Value of Wealth:

Type	Description	Amount
☐ Immovable Property		
☐ Movable Property		
☐ Shares		
☐ Bonds		
☐ Deposits		
☐ Other		

Purpose/reason of application for opening the account: *i.e deposits/savings, commercial payments, card facilities, credit facilities, other (please specify)*

Nature of the transactions to be performed: *i.e transfers, inward payments, outward payments, cheque deposits, cash deposits, use of cards, proceeds of credit facilities, letters of credit, other (please specify)*

Expected origin of incoming funds:

	Name of orderor	Address	Website of orderor	Country of orderor's bank	Business activities of orderor
1					
2					
3					
4					

Expected destination of outgoing payments:

	Name of beneficiary	Address	Website of beneficiary	Country of beneficiary's bank	Business activities of beneficiary
1					
2					
3					
4					

3. OTHER INFORMATION

Indication for Politically Exposed Person (PEP):

Please specify whether the applicant (yourself) /any immediate family member / associate hold/held a prominent public function the last 12 months:

☐ None
☐ Applicant
☐ Close Relative
☐ Close Associate
Name of the person that holds / held the prominent public function: Position: Country of the position held:

Period in which this individual holds / held political / public function:

From: To:

4. REQUESTED BANKING SERVICES

- ☐ Sight / current account
 Currency
☐ Trading Account
 Currency
- ☐ Fixed Deposit account
 Currency
☐ Debit card
 Currency
- ☐ Internet banking
- ☐ Treasury Sales Products - Dealing Room Services
- ☐ Other

5. WEALTH MANAGEMENT SERVICES

For your information, the Bank offers Wealth Management and Global Brokerage services. If you are interested in these services, please let us know if you would like a qualified person from our team to contact you and provide further information.

Please tick here if you are interested ☐

Please make sure that you enclose the following documents and information and tick the boxes accordingly:

- ☐ Legible certified true copy of passport(s) (Inclusive of photograph, signature and expiry date)
- ☐ Bank reference (not older than 6 months)
- ☐ Proof of residential address, e.g. utility bill (not older than 6 months)