



HBZ BANK LTD
(A Subsidiary of Habib Bank AG Zurich)

INDIVIDUAL ACCOUNT OPENING FORM

Please complete un-shaded area in Capital Letters

Date:

Branch:

Type of Account: Current

Saving

Please note you cannot open a call or time deposit account without opening either a current or savings account

A. ACCOUNT HOLDER'S DETAIL

Surname:			
First name:			
Identity number:			
Date of Birth:			
Passport number:			
Passport issuing country:		Expiry date	
Work / study / residence permit:		Expiry date	
Alternative type of permit (specify):		Expiry date	
Nationality:		County of birth	
Additional nationality (in case of dual nationality):			
Physical residential address:			
		Postal code	
Postal address:			
		Postal code	
Email address:			
Home telephone no:	Country Code	Area Code	Number
Work telephone no:	Country Code	Area Code	Number
Cell. no:	Country Code	Area Code	Number
Fax no:	Country Code	Area Code	Number
Nature of profession / occupation			

In case of US indicia (US Telephone Number, US Postal / E-mail Address) above, you are required to complete & sign a W-8BEN form & provide your Non-US Passport / Residence Permit / Work Permit / Government Issued ID.

B. BENEFICIAL OWNERSHIP

Are you the beneficial owner¹ of the funds to be deposited with the bank?

Yes

No

If the answer to above is “NO”, please complete the details of the beneficial owner below:

Full name:			
Identity number:			
Date of Birth:			
Passport number:			
Passport issuing country:		Expiry date	
Residential address:			
		Postal code	
Nationality (if more than one please state all):		County of birth	

C. USA FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

The Foreign Account Tax Compliance Act (FATCA) was signed into United States (“U.S.”) law on 18 March 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 customers.

Under U.S. federal tax law, the Bank is required to request certain taxpayer information from Owners/Controlling Persons (whether they are U.S. taxpayers or not). Information collected will be used solely to fulfil the Bank’s requirements under FATCA and will not be used for any other purposes.

The Bank has certain obligations under FATCA, as detailed in the attached General Terms and Conditions (Annexure A). **In order for us to comply with these obligations, please provide responses to the questions below (Place a cross in the applicable block)**²

Are you a U.S. citizen? (sole or dual citizenship)	Yes	No
Are you a lawful permanent resident? (i.e. someone who holds a green card, or anyone who meets the ‘substantial physical presence’ test, as detailed on the IRS website) ³	Yes	No
Were you born in the United States or a U.S. territory? ⁴	Yes	No
Are you a ‘US Person’ under U.S. tax principles for any other reason? (For example dual residency, spouse filing jointly, long term permanent residency in the U.S., other). If yes, please specify: _____	Yes	No
Will there be instructions to transfer funds to U.S. accounts or directions regularly received from a U.S. address:	Yes	No
Have you granted a Power of Attorney or signing authority to any person with a U.S. address?	Yes	No
Will there be an address on file which is "in care of" or "hold mail" or a U.S. P.O. Box and/or a U.S. telephone number:	Yes	No

¹ “beneficial owner” in respect of a natural person is normally the contracting party, but means the person ultimately benefiting from the contractual relationship for example in respect of a minor, the minor; in respect of a legally incapacitated person, that person; in respect of an insolvent, the insolvent; in respect of an interest bearing attorney’s account on behalf of a client, the client; in respect of an estate late, the estate.

² Please refer to section 12.2.2 of the General Terms and Conditions.

³Physical presence in the United States of / or at least 31 days during the current year, and 183 days during the 3-year period that includes the current year and the two years immediately before. For details in terms of how to count days for these purposes, please consult the IRS website: <http://www.irs.gov/taxtopics/tc851.html>

⁴In terms of FATCA, a “U.S. Territory” means American Samoa, the Commonwealth of the Northern Mariana Islands, Guam, the Commonwealth of Puerto Rico or the U.S. Virgin Islands.

If any of the above questions have been answered in the affirmative, you will be required to complete a **W-9 form** (this form is required if you are a U.S. person under U.S. tax principles) or **W-8BEN form** (this form is required if you were born in the United States or a U.S. territory but nonetheless believe that you are not a 'U.S. Person' under U.S. tax principles) to certify your tax status, together with your **Certificate of Loss of Nationality** and a copy of your **non-U.S. Passport**. Please note that a failure to submit the required tax form may force us to turn over (withhold) 30% of any U.S. sourced transactions to / from your account on a monthly basis directly to the IRS and / or closure of your account. This process will continue until such time that we receive your completed **W-9 or W-8 BEN form** or other documentations to certify your status, as applicable.

D. SARS INCOME TAX DECLARATION

Income tax no: <i>(Please submit documentary proof, if available)</i>	
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If you are not registered, please fill in the declaration form below:

I hereby declare that:

I am personally not registered with the Receiver of Revenue in terms of the provision of the Income Tax Act.	
I will immediately provide the Bank with documentary proof should I register.	

E. COMMON REPORTING STANDARD

In October 2014, over 100 countries endorsed the Standard of Automatic Exchange of Financial Account Information in Tax Matters, hereinafter referred to as the Common Reporting Standard (the CRS) to promote tax transparency and fight against tax evasion. Full details on the CRS together with the applicable self-certification form covering the data fields necessary under the CRS, are attached. **Please complete the Individual Self-Certification form for Tax Purposes.**

F. REQUISITION FOR DEBIT CARD

Do you require a debit card?	Yes	No
If yes, do you need a:	Visa Classic Debit Card	Visa Platinum Debit Card
Cardholder:	Primary cardholder	Supplementary cardholder

PRIMARY CARD

Full Name																	
Date of Birth													Marital Status:	Single	Married	Other	
Mobile No.	+	2	7										Email:				

SECONDARY CARD

Full Name																	
Date of Birth													Marital Status:	Single	Married	Other	
Mobile No.	+	2	7										Email:				

G. INTERNET BANKING

I hereby request HBZ Bank Web internet access for the following account(s)

- All the columns must be completed.
- The login name must be at least 8 alpha characters. Provide at least three alternative names.
- The mobile number and email will be used to provide you with an Online Transaction Password (OTP) when making certain transactions via HBZBankweb. If you leave the email column blank you will not receive an email, only an SMS. Only one mobile number and e-mail address per account number can be used to obtain an OTP.
- You can link more than one mobile number to receive SMS's relating to the account other than OTP notifications.
- The mobile number must be in the following format – country code, area code then number, i.e. 27835562456
- If you are a signatory on multiple accounts, you may apply for a single login to access and transact on those accounts from one login

	OTP/SMS	Account name	Account No	Login name	Mobile no	Email	Single login Yes/No
1							
2							
3							
4							
5							
6							

Please note that you will have to go online to request for limit. The limit is a daily cumulative limit, which means a single transfer cannot exceed this limit, and in a single day transfers cannot be more than this limit in total.

H. ELECTRONIC INSTRUCTIONS

In consideration of the Bank making or continuing to make banking facilities available to you, please confirm whether the Bank is authorised to accept telephonic or facsimile instructions (“Electronic Instructions”) in relation to the account being applied for

 Yes

 No

Refer to section the General Terms & Conditions, where you indemnify us against any losses as a result of executing electronic instructions.

I. SMS INTERNET BANKING SERVICES

In order to avail the SMS Internet Banking Services, please complete the section below. *Please cross (X) the checklist below for the SMS service you require, and complete the amounts that you decide.*

BALANCE INQUIRY

Daily Balance		
Debit Balance Over	R	
Debit Balance Below	R	

Credit Balance Over	R	
Credit Balance Below	R	

TRANSACTION INQUIRY

All Transactions		
All Debit Transactions		
Debit Transactions Over	R	
Debit Transactions Below	R	

All Credit Transactions		
All Credit Transactions Over	R	
All Credit Transactions Below	R	

J. STATEMENTS

Frequency of statement	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half yearly	<input type="checkbox"/> Never
Mode of statement	<input type="checkbox"/> Email	<input type="checkbox"/> Post		

K. DECLARATION & CONSENT

I the undersigned:

1. warrant that the information contained in this application form is true and correct;
2. agree to provide the Bank upon request with any additional information or documentation that the Bank may require;
3. undertake to advise the Bank immediately of any changes affecting the information supplied in this application form;
4. authorise the Bank to make such enquiries and check such references as it may consider necessary before and at any time after opening the Bank account(s) applied for;
5. warrant that I am properly authorised to sign this application form;
6. agree that the General Terms and Conditions attached to this application form as Annexure A will apply to any account opened by the Bank and to any facility granted to me by the Bank;
7. certify that I am the beneficial owner (or am authorised to sign for the individual that is the beneficial owner) of all the income to which this forms relates or am using this form to document myself as an individual that is an owner of an account held at the bank;
8. confirm that all the assets deposited with the Bank 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); and
9. confirm that I have read, understood and accepted the General Terms and Conditions attached as Annexure A to this application form.

APPLICANT:

Signed at: _____ on this _____ day of _____ 20_____

Initial & Surname	Date	Signature
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FOR OFFICE USE ONLY

A. ACCOUNT TYPE AS PER ACCOUNT OPENING CHECKLIST

Account Type: _____

Account Title & No: _____

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Does this account belong to a group? If yes, provide the primary account title and account number below:

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B. CUSTOMER DUE DILIGENCE APPRAISAL FOR PERSONAL ACCOUNTS

1	What is the expected purpose & nature of this account?	<input type="checkbox"/> Personal savings <input type="checkbox"/> Personal transactions <input type="checkbox"/> Loans (advance, mortgage, etc.) <input type="checkbox"/> Other, please specify: _____			
2	Nature of business / profession / occupation				
3	Name of Employer				
4	Address of Employer				Postal code
5	Telephone number of Employer				
6	Date of Employment				
7	Have you ever been sequestered	Yes		No	
8	If you have been sequestered, please confirm	Sequestration Date		Rehabilitation Date	
9	What is the expected <i>initial deposit</i> into this account? Rands	<input type="checkbox"/> 0 – 5,000	<input type="checkbox"/> 5,001 – 20,000	<input type="checkbox"/> 20,001 – 50,000	<input type="checkbox"/> 300,001 and more
		<input type="checkbox"/> 50,001 – 300,000			
10	What is the expected <i>average monthly</i> balance in this account? Rands	<input type="checkbox"/> 0 – 10,000	<input type="checkbox"/> 10,001 – 50,000	<input type="checkbox"/> 50,001 – 250,000	<input type="checkbox"/> 1 million and more
		<input type="checkbox"/> 250,001 – 1 million			
11	What is the expected <i>monthly credit turnover</i> in this account? Rands	<input type="checkbox"/> 0 – 10,000	<input type="checkbox"/> 10,001 – 50,000	<input type="checkbox"/> 50,001 – 100,000	<input type="checkbox"/> 500,001 and more
		<input type="checkbox"/> 100,001 – 500,000			
12	What is the <i>current monthly income</i> of this business? Rands	<input type="checkbox"/> 0 – 10,000	<input type="checkbox"/> 10,001 – 50,000	<input type="checkbox"/> 50,001 – 100,000	<input type="checkbox"/> 500,001 and more
		<input type="checkbox"/> 100,001 – 500,000			
13	What is the expected main source of funds to be deposited in the normal course of transacting on this account?	<input type="checkbox"/> Salary income <input type="checkbox"/> Supported by family/relative <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment/rental income <input type="checkbox"/> Farm/agricultural income <input type="checkbox"/> Other, please specify: _____			
14	What is the expected transaction profile? (i.e. cash deposit / withdrawals, inwards / outward EFTs / debit orders)	<input type="checkbox"/> Cash in <input type="checkbox"/> Cash out <input type="checkbox"/> Domestic remittances <input type="checkbox"/> Foreign remittances <input type="checkbox"/> Credits (loans, advances)			
15	Who are the expected primary depositors?				
16	Who are the expected primary beneficiaries?				
17	Will the account be used for cross-border remittances?	Yes		No	
18	If yes, please specify the reason:				

