



HBZ BANK LTD

(A Subsidiary of Habib Bank AG Zurich)

BUSINESS ACCOUNT OPENING FORM

Please complete un-shaded areas in Capital Letters

Date:

Branch:

Type of Account: Current

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

Type of Entity: Sole Proprietor Company Close Corporation

Partnership Trust Association / Club

A. PARTICULARS OF ENTITY / SOLE PROPRIETOR / PARTNERSHIP / ASSOCIATION / CLUB

Registered name (account title):			
Trading as (if not same as account title):			
Name of sole proprietor (if applicable):			
Registration number (if applicable):			
NPO number of applicant (if applicable):			
Country of incorporation (If applicable):			
Business Commencement date:			
Physical business 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

B. ASSOCIATED PERSONS – ESTABLISHING CONTROLLERS (DIRECT AND INDIRECT)

This section must be completed by all the effective controllers involved in the client in any of the following capacities: Director, Member, Signatory, Partner (including Silent Partner), Founder (NPO), Sole Proprietor.

Full name:			
Capacity (e.g. Director, Signatory etc.)			
Identity number / valid passport number:			
Passport issuing country (if applicable):			
Passport expiration date (if applicable):			
Residential address:			
		Postal code	
Country of residence:			
Nationality:		Country of birth:	
Additional nationality (dual nationality):			
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

Full name:			
Capacity (e.g. Director, Signatory etc.)			
Identity number / valid passport number:			
Passport issuing country (if applicable):			
Passport expiration date (if applicable):			
Residential address:			
		Postal code	
Country of residence:			
Nationality:		Country of birth:	
Additional nationality (dual nationality):			
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

C. ASSOCIATED PERSONS (TRUST, ASSOCIATION / CLUB ONLY)

In respect of Trusts, Associations / Clubs, please complete the Bank's "Annexure B" instead of the above.

D. ESTABLISHMENT OF MANAGER'S (CEO OR EQUIVALENT) IDENTITY

Full name:			
Identity number / valid passport number:			
Passport issuing country (if applicable):			
Passport expiration date (if applicable):			
Residential address:			
		Postal code	
Country of residence:			
Nationality:		Country of birth:	
Additional nationality (in case of dual nationality):			
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
Capacity (CEO, Senior manager etc.)			

E. INCOME TAX / VAT DECLARATION

Income tax no.:			
VAT registration no. (if applicable):			
If the entity is not currently registered for Income Tax and / or VAT, please confirm the following by ticking the appropriate box:	Currently in the process of registering with the South African Revenue Service.		
	Total turnover in any given financial year does not exceed the maximum VAT threshold for registration purposes.		
Documentary proof of Income Tax and/or VAT registration <i>if available (tick the applicable box)</i> :	is attached	Will immediately be provided to the Bank, once registered.	

F. 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 Entity Self-Certification form for Tax Purposes (CRS). In respect of Sole Proprietors and Partners in a Simple Partnership (between natural persons) please complete the Individual Self-Certification form for Tax purposes instead.**

G. ELECTRONIC INSTRUCTIONS

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

Yes	No
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* Please see the General Terms and Conditions, where you indemnify the Bank against any losses incurred as a result of executing it.

H. USA FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

- If you are a **Sole Proprietor or a Simple Partnership (partnership between natural persons)**, please complete the Individual FATCA Form.
- If you are any other type of entity (**Company, Close Corporation, Complex Partnership (partnership between entities and / or natural persons), Trust or Association / Club**), please complete the section below.

Is the entity an active non - financial entity (NFFE) ¹?

Yes – Active ² NFFE	No – Passive ³ NFFE
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If Yes – Active NFFE – Is the entity registered in the US or

are any of the Controlling Persons (a natural person who exercises control over an entity i.e. shareholders, members, partners, etc) born in the US, US residents or citizens?

Yes – US entity to complete W9 & W-8BEN-E forms if US owners / signatories	No – Nothing further to complete
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If NO – Passive NFFE, – Is the entity registered in the US or

are any of the Controlling Persons (a natural person who exercises control over an entity i.e. shareholders, members, partners, etc) US residents or citizens?

Yes – US persons complete a W-9 form & entity completes W-8 BEN-E form	No – Complete a W-8BEN-E form
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Please see the General Terms and Conditions

¹ In terms of FATCA, an NFFE is defined as an entity conducting an operating business that is not a financial institution and is mainly engaged in a manufacturing or commercial business.

² An Active NFFE has:

- a. More than 50% of its gross income deriving from an active, non-financial business activity; *and*
- b. Less than 50% of its assets are held for the production of passive income.

(Financial business activity means earning income from portfolio management, investing, administering or managing funds, money or financial assets for customers or clients)

³ A Passive NFFE is an entity that derives more than 50% of its income from interest, dividends, income equivalent to interest, rent and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc.

I. 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:				

J. STATEMENTS

Frequency of statement Monthly Quarterly Half yearly Never

Mode of statement Email Post

K. INTERNET BANKING

Mandate for capturing and authorisation of Internet transactions.

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							

SMS Internet Banking Service

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	

L. DECLARATION & CONSENT

I / We the undersigned:

- warrant that the information contained in this application form is true and correct;
- agree to provide the Bank upon request with any additional information or documentation that the Bank may require;
- undertake to advise the Bank immediately of any changes affecting the information supplied in this application form;

- d. 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;
- e. warrant you I/we complied with all corporate actions such as passing proper resolutions and due authorisations and are properly authorised to sign this application form;
- f. agree that the Terms and Conditions printed on the reverse side of this application form will apply to any account opened by the Bank and to any facility granted to me / us by the Bank;
- g. confirm that I / we have read, understand and accept the General Terms and Conditions attached as Annexure A to this application form;
- h. confirm that I / we have not given any charge or debenture on any of book debts / monetary claims / other debts in an action in which I/we are legally, beneficially or otherwise interested (and the proceeds thereof) with any financial / commercial / factoring / other institution or individual;
- i. confirm that no debenture charge or encumbrance, as mentioned above, will be created without the Bank's prior written permission;
- j. authorise the Bank to conduct the appropriate searches with the Companies and Intellectual Properties Commission and debit the cost to my / our account;
- k. agree that the above mentioned declarations are not restricted to this Account only but to any account or accounts or deposits denominated in any currency in any branch of the Bank in South Africa; and
- l. confirms that all the assets deposited with the Bank under above indicated banking relationship 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. The Undersigned further confirms 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).

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

Initial & Surname	Date	Signature
Initial & Surname	Date	Signature

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 BUSINESS ACCOUNTS

1	What is the expected purpose for which this account will be used?	<input type="checkbox"/> Business savings <input type="checkbox"/> Business transactions <input type="checkbox"/> Trade Finance transactions <input type="checkbox"/> Other, please specify:	
2	For active NFFEs please obtain supporting documentation to verify the plausibility of the answer.		
3	What is the expected <i>initial deposit</i> into this account? Rands	<input type="checkbox"/> 0 – 20,000 <input type="checkbox"/> 20,001 – 50,000 <input type="checkbox"/> 50,001 – 250,000 <input type="checkbox"/> 250,001 – 500,000 <input type="checkbox"/> 500,001 and more	
4	What is the expected <i>average monthly balance</i> in this account? Rands	<input type="checkbox"/> 0 – 100,000 <input type="checkbox"/> 100,001 – 500,000 <input type="checkbox"/> 500,001 – 1 million <input type="checkbox"/> 1 million – 5 million <input type="checkbox"/> 5 million and more	
5	What is the expected <i>monthly credit turnover</i> in this account? Rands	<input type="checkbox"/> 0 – 1 million <input type="checkbox"/> 1 million – 5 million <input type="checkbox"/> 5 million – 10 million <input type="checkbox"/> 10 million – 25 million <input type="checkbox"/> 25 million and more	
6	What is the <i>current monthly income</i> of this business? Rands	<input type="checkbox"/> 0 – 500,000 <input type="checkbox"/> 500,001 – 1 million <input type="checkbox"/> 1 million – 2 million <input type="checkbox"/> 2 million – 5 million <input type="checkbox"/> 5 million and more	
7	What is the expected main source of funds to be deposited in the normal course of transacting on this account?	<input type="checkbox"/> Savings <input type="checkbox"/> Investments <input type="checkbox"/> Loan repayments <input type="checkbox"/> Business/transactional <input type="checkbox"/> Other, please specify:	
8	What is the expected transaction profile (i.e. cash deposits/withdrawals, inward/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)	
9	Will the account be used for cross-border remittances?	Yes	No
9.1	If yes, please specify the reason:		
10	Is the customer a domestic prominent influential person? If yes, please refer to Compliance Dept.	Yes	No

11	Is the customer a foreign prominent public official? If yes, please refer to Compliance Dept.	Yes		No	
12	Is the customer associated with a domestic prominent influential person?	Yes		No	
13	Is the customer associated with a foreign prominent public official?	Yes		No	
14	Is the customer an immediate family member or known close associate with one of the persons listed in 10 or 11 above?	Yes		No	
15	Will the customer be utilising the Bank's trade finance services?	Yes		No	
16	Is the customer an importer or exporter?	Importer	Exporter	Neither	Both
a	What is the customer's custom's number?				
b	What are the different types of goods being imported or exported (provide full details)?				
c	Which country/countries will the client be importing from/exporting to (provide details)?				
d	What currency/currencies is/are normally used for settlement (provide full details)?				
e	What is the normal/expected method and terms of payment:				
f	What is the maximum limit per import/export transaction?				
g	What is the average size of import/export transactions?				
h	What is the frequency of imports/exports?				
17	What is the nature of the business?				
17.1	What products/services does the client offer?				
18	Details of major suppliers / beneficiaries, indicating whether they are manufacturers, importers, distributors, wholesalers, etc	Major suppliers		Supplier Category	
		Major suppliers		Supplier Category	
		Major suppliers		Supplier Category	
18.1	Details of major customers/depositors, with reference to whether they are distributors, wholesalers, retailers, etc.	Major customers		Customer Category	
		Major customers		Customer Category	
		Major customers		Customer Category	
19	Background information on shareholders, partners, UBOs, controllers				

	<ul style="list-style-type: none"> Describe the ownership structure and name the major shareholders and controllers. In case of complex ownership structures, please refer to external sources or attach a structure chart. 	
20.	Does the customer conduct business (provides goods/services) with State Owned Entities (SOEs) or Public Enterprises?	If yes, list the SOE/ Public Entity and provide a copy of the agreement/contract with the SOE and details of the goods/services provided and indicate the average monthly volume of business
	ADDITIONAL INFORMATION	
	Number of years in business. Provide history of the business.	
	Customer business plan, location, future plans, etc)	
21	Has the business been subject to business rescue, judgements, defaults? If Yes, provide details.	
	Source of wealth	<input type="checkbox"/> Family/Generational wealth <input type="checkbox"/> Income/Revenue/Business activities <input type="checkbox"/> Inheritance <input type="checkbox"/> Investment activities <input type="checkbox"/> Other, please specify:

C. REASONS FOR BANKING WITH HBZ

- | | | |
|--|--|--|
| <input type="checkbox"/> Referral by existing client | <input type="checkbox"/> Referral by staff | <input type="checkbox"/> Referral by lawyer/accountant |
| <input type="checkbox"/> Products/services offering | <input type="checkbox"/> Geographical presence/network | <input type="checkbox"/> Security/trust/reliance |
| <input type="checkbox"/> No referral | <input type="checkbox"/> Other, please specify: _____ | |

Referral by existing client

Name: _____ Branch: _____ Account No.

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Name of BDO / BDM / RM / BM: _____

Signature of BDO / BDM / RM / BM: _____ Date:

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