

**FOR BANK USE ONLY**

BRANCH

CUSTOMER NUMBER

**APPLICATION FORM FOR OPENING INDIVIDUAL / JOINT ACCOUNT**

Note : Kindly fill the form in block letters and sign in the appropriate space only after reading the terms and conditions. The terms and conditions which apply for operating this account form an integral part of this application form.

PLEASE COMPLETE IN FULL AND TICK WHEREVER APPLICABLE.

**CUSTOMER DETAILS**

NAME \_\_\_\_\_

(As per ID/PP)

(First Name)

(Second Name)

(Third Name)

(Family/Tribal Name)

(HH / HE / SHK / Mr. / Mrs. / Miss / Others)

POSTAL ADDRESS P.O. Box \_\_\_\_\_ P.C. \_\_\_\_\_ Apt.No. \_\_\_\_\_ H.No. \_\_\_\_\_ Way No. \_\_\_\_\_

Location \_\_\_\_\_

Locality \_\_\_\_\_ Location \_\_\_\_\_

Sultanate of Oman

Wilayat \_\_\_\_\_ Sultanate of Oman

Other Landmarks \_\_\_\_\_

CONTACT DETAILS Tel (R) \_\_\_\_\_ GSM/Pager \_\_\_\_\_

Tel (O) \_\_\_\_\_ E-mail \_\_\_\_\_

Fax \_\_\_\_\_

Sex Male  Female 

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ National ID No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Passport No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_ Labour Card No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Driving Licence No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

**EMPLOYMENT DETAILS**

NAME OF EMPLOYER \_\_\_\_\_

Employer's Address P.O. Box \_\_\_\_\_ P.C. \_\_\_\_\_ Location \_\_\_\_\_ Sultanate of Oman

Employee Number \_\_\_\_\_ Date of Employment \_\_\_\_\_ Present Position \_\_\_\_\_

Salary income p.m. \_\_\_\_\_ Other Income p.m. \_\_\_\_\_

**ACCOUNT DETAILS** Individual  Joint  MinorSalary coming into account  yes  No Current  Saving  Fixed  Call  Other \_\_\_\_\_For Savings Account  Without Interest  With InterestStatement  Mail  HoldStatement Frequency  Weekly  Monthly  Quarterly  Half YearlyFor Current Account : Cheque Book facility required  Yes  No

(If yes, please fill cheque book request form)

For Fixed Deposit :  Fixed deposit for \_\_\_\_\_ Months (specify period) Auto roll over with interest at maturity Interest accruals to credit Account No. \_\_\_\_\_ and roll over principal amount.Currency of Account :  OMR  AED  USD  OTHER \_\_\_\_\_**OTHER BANK ACCOUNTS DETAILS**

Bank Name/Location \_\_\_\_\_ Bank Name/Location \_\_\_\_\_

Account No. \_\_\_\_\_ Account No. \_\_\_\_\_

## JOINT ACCOUNT HOLDER

NAME \_\_\_\_\_  
(As per ID/PP) (First Name) (Second Name) (Third Name) (Family/Tribal Name)  
(HH / HE / SHK / Mr. / Mrs. / Miss / Others)

POSTAL ADDRESS P.O. Box \_\_\_\_\_ P.C. \_\_\_\_\_ Apt.No. \_\_\_\_\_ H.No. \_\_\_\_\_ Way No. \_\_\_\_\_  
 City \_\_\_\_\_ Sultanate of Oman

CONTACT DETAILS Tel (R) \_\_\_\_\_ E-mail \_\_\_\_\_  
 Tel (O) \_\_\_\_\_ GSM/Pager \_\_\_\_\_ Sex Male  Female   
 Fax \_\_\_\_\_ Relation (to first account holder) \_\_\_\_\_

Nationality \_\_\_\_\_ Date of Birth \_\_\_\_\_ National ID No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_  
 Passport No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_ Labour Card No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_  
 Driving Licence No. \_\_\_\_\_ Date of Expiry \_\_\_\_\_

Signing instructions  Signed by \_\_\_\_\_  Jointly  Either

For electronic channels like ATM, Kiosk, Internet banking which operate with individual PINs, please attach a separate letter requesting for the services and the mode of operation

## DELIVERY CHANNELS

This application automatically allows your account to receive services through all the delivery channels of the bank. In case you do not wish to avail of any of these channels kindly tick the same below :

ATM  No Call Center  No Internet Banking  No Self Service Kiosk  No  
(For Internet banking e-mail address and choice of login names is mandatory).

Preferred login name 1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

Kindly note that the terms and conditions that apply for operating the above delivery channels form an integral part of this application form.  
 I have read the Terms and Conditions which pertain to the above delivery channels and agree to be bound by the same and any amendments thereto as made by the bank from time to time.

Signature \_\_\_\_\_ (Joint account holders please refer the terms relating to electronic channels above.)

## BILL PAYMENT DETAILS

Please register following bills against my/our account number for payment through Call Center and Self Service Kiosk facility ( strike out one if not applicable).

Tel No. _____	Tel. Contract No. _____	GSM No. _____	GSM Contract No. _____
_____	_____	_____	_____
_____	_____	_____	_____

Water Bill A/C No. _____	Electricity Bill A/C No. _____	Internet Contract No. _____	School Fee Details. _____
_____	_____	_____	_____
_____	_____	_____	_____

(Please attach photocopies of recent bills for each of the bills you want registered.)

## CUSTOMER SIGNATURE (S)

I/we confirm that the information given is true and complete. I/we have read the terms and conditions governing this application, and agree to bound by the same and any amendment thereto as may be made by the bank from time to time.

FIRST ACCOUNT HOLDER _____ (Specimen Signature) Name _____	SECOND ACCOUNT HOLDER (Applicable for Joint Account only) _____ (Specimen Signature) Name _____
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## DETAILS OF INTRODUCER

Name \_\_\_\_\_ Account No. \_\_\_\_\_  Walk in Customer  
 Contact Tel. No. \_\_\_\_\_ Signature \_\_\_\_\_

## FOR BANK USE ONLY

CHECK LIST	Original Seen	Copy Made	Original Seen	Copy Made	ACCOUNT NUMBERS
National ID	<input type="checkbox"/>	<input type="checkbox"/>	Passport	<input type="checkbox"/>	_____ _____ _____
Labour Card	<input type="checkbox"/>	<input type="checkbox"/>	Driving Licence	<input type="checkbox"/>	
Specimen signatures for all authorised signatories received with limits applicable to each Signatory Account set up in system and all identification copies stamped 'Certified True Copy'					
Checked by _____	Approved by _____				
Signature _____ Date _____	Signature _____ Date _____				

Photograph to be attached in case of illiterate customers using thumb impression.