

Application Date: \_\_\_\_\_

<p><b>Current Accounts:</b>    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Currencies            <input type="checkbox"/> QAR   <input type="checkbox"/> AED   <input type="checkbox"/> USD   <input type="checkbox"/> EUR   <input type="checkbox"/> GBP   <input type="checkbox"/> JPY</p> <p><b>Call Account:</b>        <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Currencies            <input type="checkbox"/> QAR   <input type="checkbox"/> AED   <input type="checkbox"/> USD   <input type="checkbox"/> EUR   <input type="checkbox"/> GBP   <input type="checkbox"/> JPY</p> <p>Operating Authority   <input type="checkbox"/> Singly    <input type="checkbox"/> Jointly    <input type="checkbox"/> As per Board Resolution</p>	<p><b>Cheque book</b>            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>No. of Cheque books    <input type="checkbox"/></p>
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Title of Account: \_\_\_\_\_

Group Name (If applicable) \_\_\_\_\_ Group Turnover (If applicable) \_\_\_\_\_

Company Turnover \_\_\_\_\_ Company paid in capital \_\_\_\_\_

Number of employees \_\_\_\_\_ Number of branches \_\_\_\_\_

Countries of operations \_\_\_\_\_

Key Suppliers (Name at least 3 and their country of origin) \_\_\_\_\_

Key Customers (Name at least 3 and their country of origin) \_\_\_\_\_

Legal status    Sole Proprietorship     Partnership     W.L.L.     Others \_\_\_\_\_ (Please specify)

Nature of Business/Occupation: \_\_\_\_\_

Mailing Address (Office): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Location of Business Office: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Commercial Registration (CR) Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiry: \_\_\_\_\_

Trade Licence Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_ Expiry: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Fax No: \_\_\_\_\_ Telex No: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_ Tele No: \_\_\_\_\_

Statement Type:    Paper             Electronic

Statement Cycle:    Daily             Weekly             Monthly             Quarterly

Email Address: \_\_\_\_\_

Cheque book delivery mode:    Courier    Branch \_\_\_\_\_ (Please specify - Branch)

**Applicant/s Details (Particulars of Proprietor/s/Partner/s/Director/s /Signatory/ies/Authorized to Open Account and apply for facilities):**

Field	Applicant 1	Applicant 2	Applicant 3
Name			
Date of Birth			
Designation			
Passport No Expiry Date Nationality			
Qatar ID number Expiry Date			
Mobile No. E-mail			
Residence Address (Local)			
Office Address			
Home Country Address			

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Field	Applicant 4	Applicant 5	Applicant 6
Name			
Date of Birth			
Designation			
Passport No Expiry Date Nationality			
Qatar ID number Expiry Date			
Mobile No. E-mail			
Residence Address (Local)			
Office Address			
Home Country Address			

**Ownership Details of Proprietor / Partners / Directors:**

#	Name	% Ownership	Designation	Identification Number (QID/Passport/CR/TL)	Keyman
1					<input type="checkbox"/>
2					<input type="checkbox"/>
3					<input type="checkbox"/>
4					<input type="checkbox"/>

**Customer Declaration & Signature(s)**

By signing on this application form, applicant confirms that he/she has received the specific terms & conditions which are understood and agreed to for all of the products & services indicated on this form. I/we confirm that I/we have reviewed each field above and found it accurate as per the best of my knowledge. All items provided by me/us during the application process (including forms, documents, security cheques, instructions, and any other submissions, etc.) will become property of the bank. The bank has no obligation to return any of the items and may dispose of or destroy the same if the application is rejected or in case the account is closed.

**Signatures to be captured on the system (Please sign within the box)**

	Applicant 1	Applicant 2	Applicant 3
Name			
Signature			
	Applicant 4	Applicant 5	Applicant 6
Name			
Signature			

*For Bank Use Only*

Branch: \_\_\_\_\_ CIF No: \_\_\_\_\_ A/C No: \_\_\_\_\_

Purpose Code: \_\_\_\_\_ Business Code: \_\_\_\_\_ Further Information to CAM: \_\_\_\_\_

RM Signature: \_\_\_\_\_ Name: \_\_\_\_\_ ID: \_\_\_\_\_

Unit Head Signature: \_\_\_\_\_ Name: \_\_\_\_\_ ID: \_\_\_\_\_