

Branch:

Account No.

Base No.

For Bank use only

## ACCOUNT OPENING AGREEMENT INDIVIDUALS

# ACCOUNT OPENING AGREEMENT

## PERSONAL INFORMATION - FIRST APPLICANT

Title: Mr.  Mrs.  Ms.  Other

First Name:

Middle Name:

Last Name:

Date of Birth:  (Day) / (Month) / (Year) Gender: Male  Female  Nationality  Country of Residence

Resident Status: UAE Resident  Non UAE Resident

Identification: Passport No  Expiry Date  Emirates ID No  Expiry Date  Emirates ID is mandatory for all UAE Residents (UAE Nationals, GCC Nationals and Expats).

Occupation: Business  Semi-Government Sector Employee  Professional (Doctor, Lawyer, Architect, etc)  Housewife  Private Sector Employee  Government Sector Employee  Retired  Student  Others

Employment Position: Staff  Assistant Manager  Middle Manager  Senior Manager  Executive Manager  GM / AVP / VP / Director  MD / CEO / President

Education: Elementary  Under-Graduate  Graduate  Post-Graduate

Primary Sources of Income: Salary  Business

Other Sources of Income: Rental  Inheritance  Pension  Investments and Financial Products  Others

Primary Income: Amount  Currency  Other Income: Amount  Currency

Current Employer/Business Details  Years with Current Employer/Business

Previous Employer/Business Details  Years with Previous Employer/Business   
(If less than 5 years with current employer/business)

## ADDRESS - FIRST APPLICANT

(1) Office Address: Company Name   
Department  Building Name & Number  Floor  Street   
P.O. Box  Landmark  Area  City   
Country  Office E-mail Address  Telephone No.  Mobile No.   
Fax No.

(2) Residence Address (In UAE): Building Name & Number  Floor  Street   
P.O. Box  Landmark  Area  City   
Country  Email Address  Telephone No.  Mobile No.

(3) Permanent Address (In Home Country): Building Name & Number  Floor  Street   
P.O. Box  Landmark  Area  City   
Country  Telephone No.  Mobile No.

Correspondence Address: (Please Tick) Office  Residence in UAE  Permanent Address in Home Country

## ACCOUNT INFORMATION

### Types of Account:

Current  Currency   
(AED / USD / GBP / EURO / SAR / OTHERS)

Savings  Currency   
(AED / USD / GBP / EURO / SAR / OTHERS)

### Purpose of Opening Current Account :

Salary Credit  Remittance   
 Investments  Savings  Others

### Purpose of Opening Saving Account :

Salary Credit  Remittance   
 Investments  Savings  Others

### Main Banking Relationship:

Name of Bank   
 Call/Time Deposit  Student  Personal Loan  Mortgage  Current Account  Savings Account   
 Credit Card  Mutual Funds and Other Investment Products  Insurance  Others

## FAMILY INFORMATION

**Marital Status:** Single  Married  Others

Name of Dependents	Relationship	Date of Birth (Day) (Month) (Year)
		/ /
		/ /
		/ /
		/ /
		/ /

## PERSONAL INFORMATION - JOINT APPLICANT

**Title:** Mr.  Mrs.  Ms.  Other  .....  
**First Name:**   
**Middle Name:**   
**Last Name:**   
**Date of Birth:**  /  /  (Day) (Month) (Year) **Gender:** Male  Female  **Nationality:**  **Country of Residence:**

**Resident Status:** UAE Resident  Non UAE Resident   
**Identification:** Passport No  Expiry Date   
 Emirates ID No  Expiry Date  **Emirates ID is mandatory for all UAE Residents (UAE Nationals, GCC Nationals and Expats).**

**Occupation:** Business  Semi-Government Sector Employee  Professional (Doctor, Lawyer, Architect, etc)  Housewife   
 Private Sector Employee  Government Sector Employee  Retired  Student  Others

**Employment Position:** Staff  Assistant Manager  Middle Manager  Senior Manager  Executive Manager  GM / AVP / VP / Director  MD / CEO / President

**Education:** Elementary  Under-Graduate  Graduate  Post-Graduate

**Primary Sources of Income:** Salary  Business

**Other Sources of Income:** Rental  Inheritance  Pension  Investments and Financial Products  Others

**Primary Income:**  **Other Income Details:**

**Current Employer/Business Details:**  **Years with Current Employer/Business:**

**Previous Employer/Business Details:**  **Years with Previous Employer/Business:**   
(If less than 5 years with current employer/business)

## ADDRESS - JOINT APPLICANT

**(1) Office Address:** Company Name   
 Department  Building Name & Number  Floor  Street   
 P.O. Box  Landmark  Area  City   
 Country  Office E-mail Address  Telephone No.  Mobile No.   
 Fax No.

**(2) Residence Address (In UAE):**

Building Name & Number  Floor  Street

P.O. Box  Landmark  Area  City

Country  Email Address  Telephone No.  Mobile No.

**(3) Permanent Address (In Home Country):**

Building Name & Number  Floor  Street

P.O. Box  Landmark  Area  City

Country  Telephone No.  Mobile No.

**Correspondence Address: (Please Tick)** Office  Residence in UAE  Permanent Address in Home Country

**Main Banking Relationship:** Name of Bank

Personal Loan  Mortgage  Current Account  Savings Account

Call/Time Deposit  Student  Credit Card  Mutual Funds and Other Investment Products  Insurance  Others

## FAMILY INFORMATION

**Marital Status:** Single  Married  Others

Name of Dependents	Relationship	Date of Birth (Day) (Month) (Year)
		/ /
		/ /

**Services Needed** Check Book Yes  No  Samba ATM Card Yes  No

I/We agree that the information given above is true and complete and that I/we have received the Bank's General Terms and Conditions for ACCOUNT OPENING AND OTHER BANKING PRODUCTS & SERVICES AGREEMENT, which I/We understand and expressly agree and accept to be bound by them whether set out in English and/or Arabic. I/We understand that these Bank's General Terms and Conditions shall apply to any personal account(s) that I/we may hold with the Bank from time to time. I/We acknowledge that I/we are bound by any variation made to the Bank's General Terms and Conditions from time to time and an updated copy is available on Bank's website www.samba.ae. I/We agree and accept to be bound by the Bank's Schedule of Fees and Charges as amended from time to time, and as available at the Samba branches or on its website www.samba.ae. I/We hereby confirm that the details provided in this form are true, complete and accurate in all respects. I/We hereby also warrant that no bankruptcy proceedings have been commenced against me/us. I/We acknowledge that the Banking Accounts and Services requested by me/us in this application will be made available to me/us at the absolute discretion of the Bank.

I/We hereby confirm that I/We have applied for Bank account opening in lieu of applying for a personal finance from the Bank. I/We hereby instruct the Bank to close all our Bank accounts in case the application for personal finance is rejected and/or loan is not disbursed or upon full & final settlement of all outstanding liabilities with the Bank. I/We acknowledge that I am/We are responsible for destroying any unused cheques which were not returned by me/us to the Bank, at the time of account closing. (Applicable for customers opening Bank Account at the time of applying for personal finance products)

**First Applicant Signature**

Date   
(Day) (Month) (Year)

**Joint Applicant 1 Signature**

Date   
(Day) (Month) (Year)

**Joint Applicant 2 Signature**

Date   
(Day) (Month) (Year)

**Joint Applicant 3 Signature**

Date   
(Day) (Month) (Year)

**Signature Requirements (Only for Joint Accounts)** Single  Joint  Others

In witness whereof, this Agreement was duly signed on above mentioned date

## FOR BANK USE ONLY

RM Code \_\_\_\_\_

RM Signature \_\_\_\_\_

Processor Name \_\_\_\_\_

Processor Signature \_\_\_\_\_

Supervisor Name \_\_\_\_\_

Supervisor Signature \_\_\_\_\_

Dated: \_\_\_\_\_

To: Samba Financial Group,  
Dubai Branch  
UAE

Dear Sirs,

I/We refer to my/our Account maintained with you and other agreements (the Account Documentation) between us governing the operation of the Account and hereby instruct you as follows:

The Bank is hereby instructed and authorized to rely upon and act in accordance with any instruction(s), authorizations, or communications whatsoever which may be given or purported to be given to the Bank through telephone or facsimile transmission (Facsimile Instructions) bearing or purporting to bear the signature(s) of the Authorized signatory(ies) of the Account without enquiry by the Bank as to the authenticity or genuineness of the signature appearing on the Facsimile Instructions and regardless of the circumstances prevailing at the time of receipt of the Facsimile Instructions by the Bank. I/We hereby understand and acknowledge that the Bank is not obliged to act on any such Instructions and will incur no liability for failing to act in accordance with such Instructions.

I/We hereby undertake to furnish the Bank within \_\_\_\_\_ days with the original of the Facsimile Instruction(s), and I/We remain liable to the Bank whether or not we furnish the original of the referenced document.

In consideration of the Bank acting in accordance with the foregoing provisions of this letter, I/We hereby indemnify the Bank and agree to keep the Bank, its Directors, Officers and Employees indemnified against all losses, claims, actions, proceedings, damages, costs and expenses whatsoever and howsoever incurred or sustained by the Bank or arising there from. Furthermore, and without/prejudice to the indemnity herein I/We undertake if so requested by the Bank to provide you with additional evidence indicating that the signature(s) appearing on the Facsimile Instruction(s) are genuine.

The terms of this indemnity shall remain in full force and effect unless and until you receive and have had a reasonable time to act upon a notice of revocation or amendment signed by me/us and I/We hereby confirm that any such revocation or amendment will not release me/us from any liability hereunder in respect of any act performed by the Bank in accordance with and in reliance upon the terms of this letter prior to the expiry of such notice of termination or amendment.

Account Holder's Name: \_\_\_\_\_

Account Holder's Signature: \_\_\_\_\_

التاريخ: \_\_\_\_\_

إلى: مجموعة سامبا المالية،  
فرع دبي  
الإمارات العربية المتحدة

تحية واحتراماً،

إشارة الى حسابي/ حسابنا الموجود لديكم والاتفاقيات الأخرى معكم (وثائق الحساب) بيننا التي تحكم عمل الحساب وبموجب هذا نوجهكم بما يلي:

نوجه البنك بموجب هذا ونفوضه بالعمل وفقاً لأي تعليمات أو تفويضات أو اتصالات من أي نوع يمكن أن تعطى إلى البنك عبر الفاكس (تعليمات بالفاكس) تحمل أو توعد بحمل توقيعات المفوضين بالتوقيع للحساب بدون استفسار من جانب البنك بخصوص صحة أو سلامة التوقيع الموجود على تعليمات الفاكس وبغض النظر عن الظروف السائدة في وقت استلام البنك للتعليمات بالفاكس. وأنني/ إننا ندرك بموجب هذا ونقر بأن البنك غير ملزم بالعمل بأي من هذه التعليمات ولا يتحمل أي التزام عن عدم العمل وفقاً لتلك التعليمات.

وإنني/ إننا بموجب هذا أتعهد بأن أزود البنك خلال \_\_\_\_\_ يوماً بأصل تعليمات الفاكس وسوف أظل مسؤولاً تجاه البنك سواء قدمت أم لم أقدم أصل المستند المشار إليه إلى البنك.

ومقابل عمل البنك وفقاً للأحكام الواردة أعلاه بهذا الخطاب، فإنني/ إننا أعوض البنك وأوافق على حفظ البنك ومدائه ومسئوليه وموظفيه من كافة الخسائر والمطالبات والاجراءات والدعاوي والاضرار والتكاليف والنفقات من أي نوع كانت بأي طريقة يتكدها البنك أو تنشأ بأي شكل. علاوة على ذلك، وبدون إخلال بالتعويض الوارد هنا فإنني/ إننا أتعهد إذا طلب مني البنك بأن أزودكم بأدلة إضافية تثبت أن التوقيعات الظاهرة على تعليمات الفاكس حقيقية.

تظل شروط هذا التعويض سارية المفعول وبكامل نفاذيتها وتأثيرها ما لم تتسلموا ويكون لديكم الوقت المعقول للعمل بموجب إشعار الإلغاء أو التعديل الموقع من قبلي/ قبلنا، وإنني/ إننا بموجب هذا أؤكد أن أي إلغاء أو تعديل لن يعفييني/ يعفيينا من أي التزام بموجب هذا الخطاب فيما يتعلق بأي إجراء يتخذ من قبل البنك وفقاً واستناداً إلى أحكام هذا الخطاب قبل إنتهاء ذلك الإشعار بالإنهاء أو التعديل.

اسم صاحب الحساب: \_\_\_\_\_

توقيع صاحب الحساب: \_\_\_\_\_

PLEASE SIGN WITHIN THE  
SIGNATURE FRAME,  
WITHOUT CROSSING  
THE BOLD LINES

samba سامبا

SIGNATURE CARD

FOR BANK USE ONLY

APPROVING OFFICER / STAFF

Name:

Signature:

Name:

Signature:

DATE

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/   
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IDENTIFICATION

SPECIMEN SIGNATURE

NAME

Nationality:  
I.D. No.:  
Date Issued:  
Place Issued:  
Expiry Date:

Nationality:  
I.D. No.:  
Date Issued:  
Place Issued:  
Expiry Date:

Description code for  
signature requirements


Signature Requirements  Single  Others  
 Joint

Account Number

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3093 / 0407

لا استعمال البنك فقط

الموظف المخول بالتوقيع

الاسم

التوقيع

الاسم

التوقيع

التاريخ

samba سامبا

بطاقة توقيع

نرجو التوقيع داخل

المكان المخصص وعدم الخروج

عن حدود الخط العريض

الاسم

التوقيع

الهوية

الجنسية:

رقم الهوية:

تاريخ الإصدار:

مكان الإصدار:

تاريخ الانتهاء:

الجنسية:

رقم الهوية:

تاريخ الإصدار:

مكان الإصدار:

تاريخ الانتهاء:

متطلبات التوقيع  منفرد  مشترك  
 تعليمات أخرى

رمز العملية لمتطلب التوقيع :


اسم صاحب الحساب

رقم الحساب

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