

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

Identification: UAE National ID ID Expiry Passport No

Residence Visa No Visa Expiry Date UAE Resident Non UAE Resident

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: / / Gender: Male Female Nationality Country of Residence

Identification:

UAE National ID ID Expiry Passport No
 Residence Visa No Visa Expiry Date UAE Resident Non UAE Resident

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	<input type="text"/>	Floor	<input type="text"/>	Street	<input type="text"/>
P.O. Box	<input type="text"/>	Landmark	<input type="text"/>	Area	<input type="text"/>
Country	<input type="text"/>	Email Address	<input type="text"/>	Telephone No.	<input type="text"/>
				Mobile No.	<input type="text"/>

(3) Permanent Address (In Home Country):

Building Name & Number	<input type="text"/>	Floor	<input type="text"/>	Street	<input type="text"/>
P.O. Box	<input type="text"/>	Landmark	<input type="text"/>	Area	<input type="text"/>
Country	<input type="text"/>	Telephone No.	<input type="text"/>	Mobile No.	<input type="text"/>

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 _____
Processor Name _____
Supervisor Name _____

RM Signature _____
Processor Signature _____
Supervisor Signature _____

PERSONAL INFORMATION - JOINT APPLICANT 2

Title: Mr. Mrs. Ms. Other

First Name:

Middle Name:

Last Name:

Date of Birth: / / Gender: Male Female Nationality Country of Residence

(Day) (Month) (Year)

Identification: UAE National ID ID Expiry Passport No

Residence Visa No Visa Expiry Date UAE Resident Non UAE Resident

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

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Education: Elementary Under-Graduate Graduate Post-Graduate

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

Primary Income Details: **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 2

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Country Office E-mail Address Telephone No. Mobile No.

Fax No.

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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

PERSONAL INFORMATION - JOINT APPLICANT 3

Title: Mr. Mrs. Ms. Other

First Name:

Middle Name:

Last Name:

Date of Birth: / / Gender: Male Female Nationality Country of Residence

(Day) (Month) (Year)

Identification: UAE National ID ID Expiry Passport No
Residence Visa No Visa Expiry Date UAE Resident Non UAE Resident

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 Details: **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)

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P.O. Box Landmark Area City

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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

PERSONAL FACSIMILE INDEMNITY FORM

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: _____

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



SIGNATURE CARD

FOR BANK USE ONLY

DATE

APPROVING OFFICER / STAFF
Name:
Signature:
Name:
Signature:

IDENTIFICATION	SPECIMEN SIGNATURE	NAME
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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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PLEASE SIGN WITHIN THE SIGNATURE FRAME, WITHOUT CROSSING THE BOLD LINES



SIGNATURE CARD

FOR BANK USE ONLY

DATE

APPROVING OFFICER / STAFF

Name:

Signature:

Name:

Signature:

IDENTIFICATION

SPECIMEN SIGNATURE

NAME

Nationality:

I.D. No.:

Date Issued:

Place Issued:

Expiry Date:

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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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