

CORPORATE ACCOUNT OPENING FORM

فورم افتتاح حساب نهاد حقوقی

Existing Relationships:

Do you have an existing account with AIB?

No Yes (New account will be linked with existing Customer No)

If yes, please provide account No. (s)

Account No. 1 Account No. 2

Date/تاریخ درخواست:	Customer No/شماره مشتری:
Branch/نمایندگی:	Account No/شماره حساب:
Account Title/اسم مشتری:	

Customer Business Information/معلومات تجارت مشتری

Entity Name/اسم مشتری:	TIN No/شماره مالی دهنده:
Licensing Authority/مرجع اخذ جواز:	License No/شماره جواز:
Date of Issue/تاریخ صدور:	Date of Expiry/تاریخ انقضاء:

Customer Category/نوع مشتری:

<input type="checkbox"/> Money Exchange Dealer	<input type="checkbox"/> Money Service Provider	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Small Business (<US\$15m sales)
<input type="checkbox"/> Large Corporation (>US\$15m sales)	<input type="checkbox"/> Aid Agency, Embassy, Multilateral Organization	<input type="checkbox"/> Military Foreign	<input type="checkbox"/> Privileged Corporate
<input type="checkbox"/> Local Authority	<input type="checkbox"/> Charity & Trust	<input type="checkbox"/> Domestic NGO	<input type="checkbox"/> Foreign NGO
<input type="checkbox"/> Pension Fund	<input type="checkbox"/> Bank	<input type="checkbox"/> Insurance Company	<input type="checkbox"/> Other Financial Institution

Nature of Business/نوع تجارت

<input type="checkbox"/> 01 Agriculture/زراعت	<input type="checkbox"/> 02 Manufacturing & Industry تولیدات و صنایع	<input type="checkbox"/> 03 Const & Building/ساختمانی
<input type="checkbox"/> 04 Supply & Services/خدمات و تدارکات	<input type="checkbox"/> 05 Telecommunication/مخابرات	<input type="checkbox"/> 06 Transportation/ترانسپورت
<input type="checkbox"/> 07 Healthcare/صحت	<input type="checkbox"/> 08-Trade - Wholesale and Retail	<input type="checkbox"/> 09 Financial Institutions/نهاد مالی
<input type="checkbox"/> 10 Mining	<input type="checkbox"/> 11 Government Related or Political Entities	

Please specify the exact seven digits Sub Sectorial Code: / / / / / / / /

CORPORATE ACCOUNT OPENING FORM**فورم افتتاح حساب نهاد حقوقی****Address in Afghanistan/آدرس**

Head Office آدرس/آدرس دفتر مرکزی	Office.No/نمبر دفتر:	Branches آدرس نمایندگی ها (اگر باشد)	Office.No/نمبر دفتر:
	Lane/کوچه:		Lane/کوچه:
	Street/سرک:		Street/سرک:
	District/ناحیه:		District/ناحیه:
	City/شهر:		City/شهر:

Country of Incorporation of Parent Company _____**Contact Information/معلومات تماس**

Telephone شماره تماس/No	1:	Email IDs/ ایمیل آدرس	1:
	2:		2:
	3:		3:

CUSTOMER'S ACCOUNT INFORMATION/معلومات حساب مشتری

Type of Currency/ نوع اسعار	<input type="checkbox"/> AFN/افغانی	<input type="checkbox"/> USD/دلر امریکایی	Type of Account/ نوع حساب	<input type="checkbox"/> Current/ حساب جاری	<input type="checkbox"/> Saving/ حساب پس انداز
	<input type="checkbox"/> EUR/یورو	<input type="checkbox"/> Other/دیگر _____		<input type="checkbox"/> Term Deposit/ حساب معیادی	<input type="checkbox"/> Term Loan
			<input type="checkbox"/> Overdraft	<input type="checkbox"/> Other/ دیگر _____	

Account Statement Delivery/دریافت صورت حساب

A/C Statement Through Email/ دریافت صورت حساب از طریق ایمیل	<input type="checkbox"/> Daily/ روزانه	<input type="checkbox"/> Weekly/ هفته وار	<input type="checkbox"/> Monthly ماهوار	<input type="checkbox"/> On Request بنابر درخواست
	Official E-mail:			

Products/خدمات

<input type="checkbox"/> Debit Card/دبت کارت	<input type="checkbox"/> Phone Banking/بانکداری از طریق تلفون	<input type="checkbox"/> Cheque Book/چک بوک
<input type="checkbox"/> SMS Banking	<input type="checkbox"/> Credit Card	

CORPORATE ACCOUNT OPENING FORM

فورم افتتاح حساب نهاد حقوقی

DIRECTORS/SHAREHOLDERS PERSONAL INFORMATION/معلومات شخصی مدیران و سهامداران
Information should be collected on all shareholders with 10% or more shareholding and all directors

Director/Shareholder 1	Project Manager:
Name/اسم:	NID/Passport No/شماره تذکره یا پاسپورت:
Father Name/اسم پدر:	Date of Issue/تاریخ صدور:
Address/آدرس:	Date of Expiry(Passport)/تاریخ انقضاء:
	Place of Issue/محل صدور:
Phone No/شماره تماس:	Date of Birth/تاریخ تولد:
	Place of Birth/محل تولد:
E-mail/ایمیل:	First Nationality/تابعیت اول:
	Second Nationality/تابعیت دوم:
Director/Shareholder 2	Finance Officer:
Name/اسم:	NID/Passport No/شماره تذکره یا پاسپورت:
Father Name/اسم پدر:	Date of Issue/تاریخ صدور:
Address/آدرس:	Date of Expiry(Passport)/تاریخ انقضاء:
	Place of Issue/محل صدور:
Phone No/شماره تماس:	Date of Birth/تاریخ تولد:
	Place of Birth/محل تولد:
E-mail/ایمیل:	First Nationality/تابعیت اول:
	Second Nationality/تابعیت دوم:
Director/Shareholder 3	
Name/اسم:	NID/Passport No/شماره تذکره یا پاسپورت:
Father Name/اسم پدر:	Date of Issue/تاریخ صدور:
Address/آدرس:	Date of Expiry(Passport)/تاریخ انقضاء:
	Place of Issue/محل صدور:
Phone No/شماره تماس:	Date of Birth/تاریخ تولد:
	Place of Birth/محل تولد:
E-mail/ایمیل: Nil	First Nationality/تابعیت اول:
	Second Nationality/تابعیت دوم:

1. Applicant's Name/اسم متقاضی:

Signature/امضاء:

2. Applicant's Name /اسم متقاضی:

Signature/امضاء:



Account Name/اسم حساب:	
Account Number/شماره حساب:	
Name of Authorized Signatory/اسم شخص صلاحیت دار:	
Designation/موقف:	
Effective Date/تاریخ انفاذ:	
SIGNATURES SPECIMEN/THUMB IMPRESSIONS	
NID#:	

Mode of Operation

Sole Signatory / یگانه

Either or Survivor/هریک از امضاء

Joint/مشترک

Other (Please Specify)/دیگر (لطفاً مشخص نمائید):

Instructions/هدایات:



Account Name/اسم حساب:	
Account Number/شماره حساب:	
Name of Authorized Signatory/اسم شخص صلاحیت دار:	
Designation/موقف:	
Effective Date/تاریخ انفاذ:	
SIGNATURES SPECIMEN/THUMB IMPRESSIONS	
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Mode of Operation

Sole Signatory / یگانه

Either or Survivor/هریک از امضاء

Joint/مشترک

Other (Please Specify)/دیگر (لطفاً مشخص نمائید):

Instructions/هدایات:

Photo & Signature verified by/تصدیق کننده عکس و امضاء:

Name/نام:

Signature/امضاء: _____

Date/تاریخ: _____

KYC Information Sheet –Corporate Accounts

Annexure of Account Opening Form:

Date:

(A)

Account Title:

A/C No.

Initial Deposit:

Cash

Cheque

Transfer

(B)

Receipt of Required Documents:

- | | |
|--|---|
| <input type="checkbox"/> Account opening Application/Resolution: | <input type="checkbox"/> Copy of valid Business License |
| <input type="checkbox"/> Article of Association | <input type="checkbox"/> Customer's Photo |
| <input type="checkbox"/> NID/Passport | <input type="checkbox"/> Signed SS Card |
| <input type="checkbox"/> Valid Visa/Work Permit (In case of non-local) | <input type="checkbox"/> Identification for South Border (Qabail) |

Pending Documents: _____ Pending Documents to be collected on DD/MM/YYYY

(C)

Estimated Monthly Account Activities Trend:

Source of Funds:

Purpose of Account:

Estimated average No of cash transactions:

Estimated average cash amount:

Estimated average No of remittances (Inward/Outward):

Estimated average amount of remittances (Inward/Outward):

Total expected annual turnover on account

Countries expected to send and receive funds to/from:

Estimated monthly transactions: Low (<10) Moderate (10-15) High (>15)

(D)

Business Details of Entity:

Business inception date:

Annual Revenue:

Area of Business Activities:

Number of Major Suppliers/Customers:

Foreign national Shareholder/Director (which countries if any):

(E)

Is any of Shareholder or Signatory subject to any other government Tax? Yes No

If Yes:

- | | | |
|----------------|--------------------|--------------------|
| 1. Name: | Nationality: | Passport No: |
| 2. Name: _____ | Nationality: _____ | Passport No: _____ |
| 3. Name: _____ | Nationality: _____ | Passport No: _____ |

(F)

Customer address verification (Mandatory)

I personally visited the customer's business office and other location, and I hereby verify that the undermentioned address is accurate.

Main Office Address:

Office No:.....
Lane:.....
Street:.....
District:.....
City:.....

Other Location Address:

House No:.....
Lane:.....
Street:.....
District:.....
City:.....

Verified By: _____ Designation: _____ Date: _____ Signature: _____

Site visit undertaken? If so, please attach site visit form.

Site visit form attached

Welcome letter delivered

Applicant's Signature: _____

Applicant's Signature: _____

Date: _____

Date: _____