



Habib Bank Zurich plc

Account Opening Form | HBZ Sirat Business

Branch

Date

Branch and Date input fields

Business Account (Please complete in BLOCK CAPITALS)

I / We wish to open (please tick)

Sirat Current Account (Qard Hassan)

GBP USD EUR Other

Sirat Fixed Term Deposit (Wakala)

GBP USD EUR Other

If you've selected the above, please complete the Fixed Term Deposit Application Form

Sirat Savings Account (Wakala)

GBP USD EUR Other

Account title

Account number (Bank to supply)

Category (Type of business)

Sole proprietor Partnership Private Limited Company Public Limited Company Limited Liability Partnership Trust Account Registered Charity

if other, please specify

Country of incorporation / Formation

Country of incorporation, in case of company

Country of operations

Complete only if different from 'Country of incorporation'

Registered address

Number / Name / Street

City / County / State

Country

Postcode / Zip code

Trading address (if different from registered)

Number / Name / Street

City / County / State

Country

Postcode / Zip code

Date of incorporation (DD/MM/YYYY)

Registration number

Nature of business

Form fields for address, date, and registration details

## Tax Status

Please choose one option

- Your business derives more than 50% of its income from manufacturing, commercial business and/or creation sale of goods/services
- Your business derives more than 50% of its income from interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc  
(Please complete Tax Status Declaration Form)

Was your business established or is it resident for tax outside the UK? (If yes, please provide details of tax residences below)

Yes  No

Country 1

TIN/functional equivalent

Country 2

TIN/functional equivalent

Country 3

TIN/functional equivalent

If a TIN is unavailable, please provide the appropriate reason A, B or C:

Reason A: *The jurisdiction where the entity is a resident for tax purposes does not issue TINs to its residents*

Reason B: *The entity is unable to obtain a TIN. Explain why the entity is unable to obtain a TIN if you have selected this reason*

Reason C: *TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed*

Reason A  Reason B  Reason C

If you have selected Reason B, then please explain why:

If the account holding Entity is not a tax resident in any jurisdiction due to the fact that it is fiscally transparent, please indicate the jurisdiction in which its place of effective management is situated.

### Declarations and Undertakings

- For the duration of the contractual relationship with the Bank, I/We hereby confirm that I/We undertake to notify the Bank on my /our own initiative, if a change in circumstances makes any information on this account opening form signed by us (which for the purposes of this clause we shall call the "Form" and any other relevant form(s), where appropriate, incorrect and undertake to provide a suitably updated form within 30 days of such change.
- I/We understand and acknowledge that you may provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or has similar power over us for tax purposes, a copy of this Form and any other relevant form(s), where appropriate and may disclose to such tax authorities or such party any additional information that you may have in your possession. I/We understand and acknowledge that information contained in this Form and information regarding income paid or credited to or for the benefit of the account(s) with us may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information to the country or countries in which the Entity and/or the Controlling Persons of Passive NFEs is/are resident for tax purposes pursuant to and in accordance with the relevant tax regulations.
- I/We understand and acknowledge that you may provide, directly or indirectly, a copy of the form and any other relevant form(s), where appropriate and information relating to the account(s) with us, as required by law, to: (i) any person that has control, receipt, or custody of income to which this Form and any other relevant form(s), where appropriate relates; (ii) any person that can disburse or make payments of income to which this Form and any other relevant form(s), where appropriate relates; or (iii) any party authorised to audit or conduct a similar control of the account holder(s)/Controlling Person(s) for tax purposes.
- Further, I/We understand and acknowledge that reporting and/or disclosure consequences may occur, if I/We fail to comply with my/our obligations to submit the necessary forms and/or documentation following a change in circumstances.
- I/We confirm that all the assets deposited with the Bank are fully declared and subject to regular income / wealth taxation where the Account Holder and – as the case may be – the Controlling Person(s) of Passive NFEs is/are required to pay taxes in accordance with the relevant tax regulations.
- I/We further confirm that the account holding Entity has been established for legitimate commercial reasons and that any and all transactions, in which the Bank is to provide banking services, are effected for the same reasons. Neither the account holding Entity nor any transaction, in which the Bank is to provide banking services, forms or is intended to form part of a scheme or an arrangement for which the main purpose, or one of the purposes, is the illegal avoidance of tax liability in the relevant tax jurisdiction(s).
- I/We declare that I/We have examined the information on this Form and any other relevant form(s), where appropriate and to the best of our knowledge and belief it is true, correct, and complete.

	First applicant	Second applicant
Business position	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Shareholder <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Director <input type="checkbox"/> Secretary <input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Shareholder <input type="checkbox"/> Other <input type="text"/>
<i>if other, please specify</i>	<input type="text"/>	<input type="text"/>
Existing customer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>if yes, please complete branch and account number</i>	<input type="text"/>	<input type="text"/>
Branch	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>
Prefix	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="text"/>
<i>if other, please specify</i>	<input type="text"/>	<input type="text"/>
First name	<input type="text"/>	<input type="text"/>
Middle name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
<i>if other, please specify</i>	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Dual Nationality 1	<input type="text"/>	<input type="text"/>
Dual Nationality 2	<input type="text"/>	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
City of birth	<input type="text"/>	<input type="text"/>
Country of birth	<input type="text"/>	<input type="text"/>
Profession	<input type="text"/>	<input type="text"/>
Type of ID	<input type="checkbox"/> Passport <input type="checkbox"/> UK Driving Licence <input type="checkbox"/> Other <input type="text"/>	<input type="checkbox"/> Passport <input type="checkbox"/> UK Driving Licence <input type="checkbox"/> Other <input type="text"/>
<i>if other, please specify</i>	<input type="text"/>	<input type="text"/>
ID number	<input type="text"/>	<input type="text"/>
ID expiry date (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Are you a UK resident	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
<i>if other, please specify</i>	<input type="text"/>	<input type="text"/>
Are you registered on the UK voters roll	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>if no, do you have any County Court Judgements (CCJs)</i>	<input type="text"/>	<input type="text"/>
Visa type	<input type="text"/>	<input type="text"/>
Visa reference number	<input type="text"/>	<input type="text"/>
Visa expiry date (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Residential address

### First applicant

### Second applicant

Number / Name / Street

City / County / State

Country

Postcode / Zip code

Date moved to this address (DD/MM/YYYY)

Proof of address (dated within 3 months)

/  /

Utility bill    Council tax bill  
 Bank statement    Driving licence  
 Government issued document

/  /

Utility bill    Council tax bill  
 Bank statement    Driving licence  
 Government issued document

*please specify government issued document*

Please give your previous address if you've been at your present address for less than three years.

Number / Name / Street

City / County / State

Country

Postcode / Zip code

Date moved to this address (DD/MM/YYYY)

/  /

/  /

## Personal contact details

Phone (mobile)

Phone (work)

Phone (residence)

Email address

Fax number

## Account operation

Account operation

Single    Either or Survivor    Jointly    Other

*if other, please specify*

## Correspondence address

Correspondence address

Postcode / P.O. Box

## Type of services

Cheque book

Yes    No

Statement (please select one)

Paper statement    E-statement

*if E-statement, please provide email address*

Statement frequency

Monthly    Half-yearly    Annually

Internet banking

Yes    No

*Please note that mobile number and the email address is a mandatory requirement for HBZ Internet Banking Service.*

Mobile number

Email address

You can register for your online banking (web and mobile) by clicking on the Register button by visiting the HBZ site at <https://habibbank.com/uk/home/ukHome.html>. If you require any assistance, please contact your Relationship Manager/Branch.

## GSM services

Balance enquiries

Daily balance    All debit balance    Credit balance only

Transaction enquiries

All transactions    All debit transactions    All credit transactions

Other enquiries

Other bank's cheque cleared    Other bank's cheque returned    Your cheque returned  
 Your cheque cleared

Accept Email Instructions

Yes    No

*if yes, it is mandatory to have GSM Mobile*

*Debit Notification*

Mobile number

## Introduction / reference

Name of Introducer (Bank details if applicable) of individual / entity who maintains account with our Bank:

Branch

Account number

Signature

## Declaration of identity of the beneficial owner

I / We the contracting partner hereby declare that the individual(s) / partnership(s) / legal (entities) listed below is / are the beneficial owner(s) of the assets, deposited under the above relationship. If the contracting partner is also the sole beneficial owner of the assets, the contracting partner's details must be set out below.

Last name, First name / (Company name)	%	Date of Birth	Nationality	Address / registered office and country

The contracting partner undertakes to automatically inform the bank of any changes.

I / We confirm that to the best of my / our knowledge and belief the information given above is correct. I / We agree to provide the Bank with any additional documentation which the Bank requires. I / We undertake to advise the Bank immediately of any changes affecting the above information. I / We authorise the Bank to make such enquiries and to take up such references as it may consider necessary with regard to the opening of such account.

I'd like to receive exclusive news and marketing material by email / post from Habib Bank Zurich plc

Yes  No

## Declaration

By signing this Account Opening Form, you will become legally bound by the Bank's General Banking Terms and Conditions for Sirat Business Accounts including consent to share and data transfer in the relevant clauses. For your own benefit and protection you should read these terms carefully before signing this Account Opening Form. If you do not understand any point please ask for further information. *(Authorised signatories to sign)*

Name

Signature

Name

Signature

## For official use only

Account opening officer

Relationship / Branch manager

Signature

Branch

Date


Dear Sir,

YOUR APPOINTMENT AS BANKERS OF OUR COMPANY:

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We confirm that in the Board of Directors Meeting of our Company, the following Resolution was passed and entered in the Minute book.

“ IT WAS RESOLVED:

- a. That an account or accounts be opened with **Habib Bank Zurich plc** with the instructions:
  - (i) to honour and comply with all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders which may be drawn, accepted, made or given on behalf of this Company at any time or times whether the account or accounts of this Company be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit,
  - (ii) to honour and comply with all instructions to deliver or dispose of any securities or documents or property whether held as security or for safe custody by the Bank on behalf of the Company,
  - (iii) to treat all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders as being endorsed, if required, on behalf of the Company and to discount or otherwise deal with them,
  - (iv) to treat for and on behalf of the Company applications for financing / credit / debit card / internet banking and banking facilities including opening of letters of credit of any kind or Bank guarantees of Bonds of any kind, or instructions for sale of purchase of Foreign Exchange.

Provided that such cheques, bills, drafts, promissory notes, acceptances, negotiable instruments, or documents are signed by any of the following directors or Officers as stated below:

Names	Designation	Operation singly or jointly	Signature

- b. That a director of a Company has full authority in accordance with the Memorandum & Articles of Association; for and on behalf of the Company to arrange with the Bank from time to time banking or finance facilities whether secured or unsecured and to mortgage or charge all or any of the assets of the Company including goodwill and uncalled capital and to sign on behalf of the Company any documents from time to time required by the Bank relating to or for securing any liabilities of the Company to the Bank, and to sign any guarantees, indemnities or counter indemnities or other undertakings to the Bank.
- c. That the Bank be furnished with a copy of the Company’s Memorandum and Articles of Association / Constitutional Documents and with copies of any amending special resolutions that may from time to time be passed.
- d. That the Bank be furnished with a list of the names of the directors, secretary and other officers of the Company and specimen signatures of authorised signatory on the account.
- e. That the resolutions shall be communicated to the Bank and remain in force until an amending resolutions shall be passed by the Board of Directors and a copy thereof certified by any two directors and the secretary shall be communicated to the Bank. “

2. We hereby certify the above Resolution to be a true copy from the Minutes of a properly and duly held meeting on

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	Chairman / Director	Secretary / Director
Signature 1		
Signature 2		





Habib Bank AG Zurich is the trading name of Habib Bank Zurich plc.  
Registered office: Habib House, 42 Moorgate, London EC2R 6JJ.  
Registered in England and Wales: Company registered number: 08864609.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority  
and the Prudential Regulation Authority under registration number 627671.  
Habib Bank Zurich plc is covered by the Financial Services Compensation Scheme.