

Account Opening Form for Commercial Banking

SECTION 1 – PRELIMINARY QUESTIONNAIRE

A. LEGAL ENTITY DETAILS

Name of company: _____	
Trading As name (if applicable): _____	
Date of Incorporation/Registration _____	
Date of Establishment/Commencement of Operations (if different to Incorporation) _____	
Country of Incorporation/Registration _____	
Country of Primary Business Operation _____	
Detailed description of the Business Activity(ies)	% of Total Turnover
1. _____ _____	_____ _____
2. _____ _____	_____ _____
3. _____ _____	_____ _____
Registered Address: _____	
Principal Business Address _____	
Country(ies) of Tax Residence _____	
Legal Status:	
<input type="checkbox"/> Corporate <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Government or State Owned Body	
<input type="checkbox"/> Not For Profit <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other _____	
Incorporation/Registration/Trade License Number: _____ Inc/Reg Doc Expiry: _____	
Issuing Authority: _____	
Nature of account: <input type="checkbox"/> Resident <input type="checkbox"/> Non Resident	
*Name of Ultimate Parent Company: _____	
*Country of Incorporation of Ultimate Parent Company: _____	
*Country of Primary Operation of Group: _____	
*Detailed description of the Business Activity(ies): _____ _____	
*How does this company fit into the group structure: _____ _____ _____	
Is the Company/Parent listed on a Stock Exchange or a Regulated Financial Institution (if yes, provide details). _____	
* Does the Ultimate Parent bank with HSBC Group? <input type="checkbox"/> Yes** <input type="checkbox"/> No	
HSBC Bank (Branch): _____	
Account number: _____	
RM name/contact: _____	
Which Country(ies): _____	

*if applicable **if yes please advise branch, Account Number, RM's name and which country(ies)

UAE

B. ACCOUNT OPENING

Type of Account Required				
<input type="checkbox"/> Current Account (CUA)	Currency of Account	<input type="checkbox"/> AED	<input type="checkbox"/> GBP	<input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____		
<input type="checkbox"/> Call Deposit Account (CDP)	Currency of Account	<input type="checkbox"/> AED	<input type="checkbox"/> GBP	<input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____		
<input type="checkbox"/> Term Deposit Account (TMD)	Currency of Account	<input type="checkbox"/> AED	<input type="checkbox"/> GBP	<input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____		
<input type="checkbox"/> Others (Please specify) _____		Currency of Account	<input type="checkbox"/> AED	<input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____		
Statement Required (For Current and Call Accounts Only)				
<input type="checkbox"/> Monthly, at close of business on (Date) _____				
<input type="checkbox"/> Other Frequency (Please specify) _____				
<input type="checkbox"/> Mail to Correspondence Address as documented in Contact Details				
<input type="checkbox"/> Other Delivery Instructions _____				
<input type="checkbox"/> Electronic				
Cheque Book Required (For Current Accounts Only)				
Number of Books required: _____, leaves in each book: _____				
Cheque book(s) to be				
<input type="checkbox"/> Sent by courier to _____				
<input type="checkbox"/> Collected at (Branch) _____ by authorised representative				

C. ELECTRONIC BANKING SERVICES REQUIRED

Please obtain the respective application form for every service you require.			
<input type="checkbox"/> Business Telephone Banking	<input type="checkbox"/> Business SMS Alerts	<input type="checkbox"/> HSBCnet*	<input type="checkbox"/> Business ATM/Debit Card
*Our product specialist will contact you for implementation			

D. FINANCIAL INFORMATION

1. Purpose of Account: _____	
2. Do you intend on doing Trade and Guarantee business with HSBC? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If yes, facilities: _____	
3. Turnover	
a. Your Local sales turnover (Annual LCY 'thousands):	
Current _____	Projected: _____
b. Your Group sales turnover (Annual USD 'thousands):	
Current _____	Projected: _____
4. Purchases	
Your total purchases (Annual LCY 'thousands):	
Current _____	Projected: _____
5. Approximate Annual Profit/Before Tax:	
Local (LCY 'thousands) Current: _____	Projected: _____
Group (USD 'thousands) Current: _____	Projected: _____
6. Approximate Total Value of Assets:	
Local (LCY 'thousands): _____	
Group (USD 'thousands): _____	
7. Share Capital	
Authorised (LCY 'thousand): _____ Issued (LCY 'thousands): _____ Paid (LCY 'thousands): _____	
Total (LCY 'thousands) _____	
Have you, or any Parental Company, issued or are capable of issuing Bearer Shares: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. *Principal Source of Wealth for Customer:	
<input type="checkbox"/> Intra Group Financing	<input type="checkbox"/> Business Loan
<input type="checkbox"/> Sale of Property	<input type="checkbox"/> External Investment
<input type="checkbox"/> Investment by UBO	
<input type="checkbox"/> Other: _____	
Amount (LCY): _____	
Please provide details on the Source of Wealth e.g. who provided it, when and rationale	
9. Approximate amount to be transferred into the HSBC Accounts (LCY):	
How are Funds to be Transferred:	
<input type="checkbox"/> Cash	<input type="checkbox"/> Domestic Wire Transfer
<input type="checkbox"/> International Wire Transfer	<input type="checkbox"/> Cheque
What is the Source of Funds being transferred:	
<input type="checkbox"/> Intra Group Financing	<input type="checkbox"/> Business Income
<input type="checkbox"/> Sale of Property	<input type="checkbox"/> External Investment
<input type="checkbox"/> Business Loan	<input type="checkbox"/> Investment by UBO
<input type="checkbox"/> Other: _____	
Please provide details on the Source of Funds e.g. who provided it, when and rationale.	
10. Date of last Audited Accounts: _____	
Name of Statutory Auditor _____	
Is Statutory Auditor an international firm: <input type="checkbox"/> Yes <input type="checkbox"/> No	

E. GENERAL INFORMATION

1. Please confirm if your company has gone through any business changes in the last 5 years?

- ☐ Ownership
 ☐ New business area/market
 ☐ Nature of business
 ☐ Merger
 ☐ Legal name
 ☐ Product mix
 ☐ Other: _____
 ☐ No change

Details: _____

2. Please provide details of any other Business accounts you may have with HSBC Group:

Account Name	Customer Number	Country
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

3. Please list any affiliates, subsidiaries, branches or local offices and the % owned by the Company

Name of Entity	How related (e.g. affiliate, subsidiary, branch, local office)	% ownership	Country of Incorporation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Number of employees in the Company _____

5. Number of employees in the Group: _____

6. Please list any countries in which the Company has operations (eg. Sales offices, factories, representative offices etc)

Country	Operation Type	% of Total Company Assets (Entity)	% of Total Company Assets (Group)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. Please list any Countries which generate the following over 10% (at Group or Customer level):

Country	% of Purchases (Entity)	% of Revenues (Entity)	% of Purchases (Group)	% of Revenues (Group)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

F. COMMERCIAL INFORMATION

COMMERCIAL INFORMATION

1. Please provide a detailed list of the Products/Services offered by the company.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Are you an authorised distributor/agent for any products/services? If yes, please list below:

Product	Authorised by
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

3. Please provide names of your Top 10 Buyers (by Gross Sales) and Top 10 Suppliers (by Gross Purchases) in the space provided below:

Name of Buyer	Country of Export	Country of Final Destination (if not same as Country of Export)	% of Sales
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
Name of Suppliers	Country of Origin	Country of Source (if not same as Country of Origin)	% of Purchases
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

TRANSACTION INFORMATION

1. Customer Type(s) dealt with:

- ☐ Individuals
 ☐ Businesses
 ☐ Government/Public sector
☐ Banks or other Financial Institutions
 ☐ Other _____

2. Primary Industry of Key Customer (if over 50% of revenue):

3. Please list all the countries (including UAE) that on a monthly basis you expect to send and receive wire transfer to and from, and the average value?

Country	Transfer value in (LCY)	Transfer value out (LCY)	Transfer volume in	Transfer volume out
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____
14. _____	_____	_____	_____	_____
15. _____	_____	_____	_____	_____
16. _____	_____	_____	_____	_____
17. _____	_____	_____	_____	_____
18. _____	_____	_____	_____	_____
19. _____	_____	_____	_____	_____
20. _____	_____	_____	_____	_____

Frequency of International Wire Transfers made:

- ☐ Multiple times per day
 ☐ Daily
 ☐ Weekly
 ☐ Monthly
 ☐ Quarterly
☐ Annually
 ☐ Never

4. Approximately how many Cash transactions is your business expected to have in a month?

Withdrawal: Number of Withdrawals _____ Total Value (LCY'000's) _____

Deposit: Number of Deposits _____ Total Value (LCY'000's) _____

Are cash deposits to be made on a regular basis

- ☐ Multiple times per day
 ☐ Daily
 ☐ Weekly
 ☐ Monthly
 ☐ Quarterly
☐ Annually
 ☐ Never

5. Approximately how many **Cheque** transactions is your business expected to have in a month?

Number of Withdrawals _____ Total Value (LCY'000's) _____

Number of Deposits _____ Total Value (LCY'000's) _____

6. For any intended International Wire Transfers over US\$150k or Cash withdrawals/deposits over US\$10k please provide the rationale, purpose, expected volume and value.

7. Do you intend to hold large balances with minimal activity? If so please provide details.

8. Does your company (including your company's owners, subsidiaries & connected parties) have any current or planned business activity in the following countries/ regions: Syria, Iran, North Korea, Sudan, South Sudan, Myanmar (Burma), Cuba, Zimbabwe, Belarus, Crimea (Sevastopol Regions) Russia (in energy/oil and gas sector, the Military or defense)? Business activity includes operations, suppliers, customers, agents, origin or shipping of goods and interactions/exposure to state owned or controlled entities.

Yes No

9. Are any of the company's connected or other related parties targeted by sanctions administered by the following bodies: UN, EU, UKHMT, HKMA, OFAC, or part of locals sanctions law?

Yes No

G. CONTACT DETAILS

The below information will be used for all future communication by the Bank.

Correspondence Address

Telephone Number

Office 1: _____
Office 2: _____

Fax

Email

Website/URL Address of the Company

Primary Contact Person along with Mobile Number and Email Address

Name: _____
Position: _____
Mobile: _____
Email: _____

Name: _____
Position: _____
Mobile: _____
Email: _____

Name: _____
Position: _____
Mobile: _____
Email: _____

H. METHOD OF REFERRAL

Please select from the options below the most appropriate description for how you were introduced to HSBC:

<input type="checkbox"/>	Unsolicited
<input type="checkbox"/>	Professional Entity: i. Name _____ ii. How long have you known the referrer? _____ iii. *Are they Regulated? _____ iv. *Address _____
<input type="checkbox"/>	Other HSBC Customer: i. Full Name _____
<input type="checkbox"/>	Other HSBC Office: i. Details _____
<input type="checkbox"/>	RM Personal Contact: i. Details _____

SECTION 2 – CONNECTED PARTIES QUESTIONNAIRE GUIDANCE

In the following section please provide details of the Entities and Individuals who are connected to your Business.

Information is requested for those that are:

Principal Owner (P): Immediate shareholder owning any shares in the company

Beneficial Owner (B): Indirect shareholders owning 25% * i.e. shareholding is through a Parent Company of the Business

Directors (D): Those detailed under the Trade License/Company Register

Signatories (S): Those detailed in the Account Mandate

Key Controllers (KC): An Individual or Entity that is elected or appointed to exercise more direct control over the Business by participating in the governance or senior activities e.g. CEO, CFO, Chairman of the Board, Senior Executive

Direct Appointees (DA): A person authorised under an executed instrument to act on your behalf with respect to the banking relationship and also to delegate authority to others to represent you in more limited circumstance e.g. Company Secretary

Power of Attorney (PA): An Individual or Entity with a fully authorised Power of Attorney

For each type of connected party please complete the following Questions

All Entities	Questions 1 + 4
Individuals with an Immediate shareholding Directors	Questions 1 + 2
Individuals with any shareholding of 25% or more* Key Controllers Direct Appointees Power of Attorney Signatories	Questions 1, 2 + 3

Should you require a continuation page to capture additional Connected Parties information please request this from your Case Manager/Relationship Manager

*Your Case Manager/Relationship Manager may request you to provide information on Shareholders with a lower shareholding percentage

SECTION 2 – CONNECTED PARTIES QUESTIONNAIRE

Please provide details of all Immediate/Beneficial Shareholders, Directors, Signatories, Key Controllers, Direct Appointees and Powers of Attorney in line with the guidance page.

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA	Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA
Country of Birth/Incorporation _____	Country of Birth/Incorporation _____
Business Ownership/Interest % _____	Business Ownership/Interest % _____
2. Permanent Residential Address _____ _____ _____	2. Permanent Residential Address _____ _____ _____
3. Date moved into Address _____	3. Date moved into Address _____
*Previous Address _____ _____ _____	*Previous Address _____ _____ _____
Locator/Mailing Address _____ _____ _____	Locator/Mailing Address _____ _____ _____
Position/Title _____	Position/Title _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Nationality(ies) _____	Nationality(ies) _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Identification doc number _____	Identification doc number _____
4. **Stock Exchange _____	4. **Stock Exchange _____
**Stock number _____	**Stock number _____
**Regulatory body _____	**Regulatory body _____
**Regulation number _____	**Regulation number _____

*to be answered if time at permanent residential address is less than 3 years

**if applicable

UAE

Please provide details of all Immediate/Beneficial Shareholders, Directors, Signatories, Key Controllers, Direct Appointees and Powers of Attorney in line with the guidance page.

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA	Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA
Country of Birth/Incorporation _____	Country of Birth/Incorporation _____
Business Ownership/Interest % _____	Business Ownership/Interest % _____
2. Permanent Residential Address _____ _____ _____	2. Permanent Residential Address _____ _____ _____
3. Date moved into Address _____	3. Date moved into Address _____
*Previous Address _____ _____ _____	*Previous Address _____ _____ _____
Locator/Mailing Address _____ _____ _____	Locator/Mailing Address _____ _____ _____
Position/Title _____	Position/Title _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Nationality(ies) _____	Nationality(ies) _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Identification doc number _____	Identification doc number _____
4. **Stock Exchange _____	4. **Stock Exchange _____
**Stock number _____	**Stock number _____
**Regulatory body _____	**Regulatory body _____
**Regulation number _____	**Regulation number _____

*to be answered if time at permanent residential address is less than 3 years
 **if applicable

Please provide details of all Immediate/Beneficial Shareholders, Directors, Signatories, Key Controllers, Direct Appointees and Powers of Attorney in line with the guidance page.

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA	Relationship to business (tick all that apply) <input type="checkbox"/> P <input type="checkbox"/> B <input type="checkbox"/> S <input type="checkbox"/> D <input type="checkbox"/> KC <input type="checkbox"/> DA <input type="checkbox"/> PA
Country of Birth/Incorporation _____	Country of Birth/Incorporation _____
Business Ownership/Interest % _____	Business Ownership/Interest % _____
2. Permanent Residential Address _____ _____ _____	2. Permanent Residential Address _____ _____ _____
3. Date moved into Address _____	3. Date moved into Address _____
*Previous Address _____ _____ _____	*Previous Address _____ _____ _____
Locator/Mailing Address _____ _____ _____	Locator/Mailing Address _____ _____ _____
Position/Title _____	Position/Title _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Nationality(ies) _____	Nationality(ies) _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Identification doc number _____	Identification doc number _____
4. **Stock Exchange _____	4. **Stock Exchange _____
**Stock number _____	**Stock number _____
**Regulatory body _____	**Regulatory body _____
**Regulation number _____	**Regulation number _____

*to be answered if time at permanent residential address is less than 3 years
 **if applicable

Are any of the individuals identified in the above sections considered to be influential politically, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below.

Full Name	Current Position	Previous Positions (Dates held until)

Do any of the individuals identified in the above sections have any close associates/immediate family members of a person considered to be influential politically or politically exposed or holding any in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below

Full Name	Relationship to Close Associate or Family Member	Current Position of Close Associate/ Family Member	Previous Positions of Close Associate/ Family Member (Dates held until)

By completing/declaring the details above (to be signed by Authorised Signatories as per Account Mandate):

- We hereby certify that all information provided herein above are true and correct as of the signature date.
- We undertake to notify the bank of any changes to the information provided.

Signature of Authorised Signatory _____



Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Account Mandate

The undersigned, on behalf of [_____], incorporated in
[_____] and located at
[_____]

(the **"Company"**), being properly authorized to do so, agrees that:

1. [_____] (the **"Bank"**) be appointed as the bank of the Company and that the Company will open a current account or any other accounts required by it from time to time (in any other currency as may be approved by the Bank)
2. the Bank is authorised, until instructed otherwise by a person authorised on behalf of the Company to do so, to treat and consider the following individual(s) (the **"Authorised Person(s)"**) (as appropriate) pursuant to the certificate of registration/modification issued by the Registrar of Companies in this respect:-

A. _____

B. _____

C. _____

as fully empowered to act and sign,

(_____) and please enclose a newly issued certificate of registration/modification issued by the Registrar of Companies on behalf of the Company in all transactions with the Bank;

3. Authorised Person(s) may arrange with the Bank for the purpose of obtaining loans and the issue of guarantees for and on behalf of the Company, or in connection with any other form of credit facilities, by the Bank to the Company;
4. Authorised Person (s) may sign and accept on behalf of the Company any form of security whatsoever as may be required by the Bank for such facilities;
5. to indemnify and hold the Bank harmless from and against all actions, suits, proceedings, claims, demands, charges, losses and liabilities howsoever arising in consequence of, or in any way related to, the Bank having accepted the instructions of an Authorised Person;
6. the Bank and other members of the HSBC Group (as may be applicable) be instructed to act in accordance with the laws and regulations in force within any jurisdiction relevant to it which relate to the prevention of money laundering, terrorist financing, and the provision of financial and other services to any persons or entities which may be subject to sanctions; and that the Bank may take and may instruct other members of the HSBC Group to take any action which it, in its sole discretion, considers appropriate to take in accordance with all such laws and regulations including, but is not limited to, the interception, reporting and investigation of any payment messages and other information or instructions sent to or by the Company or on its behalf via the Bank's systems or any other member of the HSBC Group's systems; and making further enquiries as to whether a name which might refer to a sanctioned person or entity actually refers to that person or entity;
7. if the Company, or a shareholder of the Company owning or entitled to 10% or more of its issued share capital (whether directly or indirectly, legal or beneficial) and the company is incorporated in a country that permits the issuance of Bearer Shares, the Company, and/or a shareholder of the Company hereby confirms that neither has issued any Bearer Shares and neither will issue or convert any of its shares to Bearer Shares without obtaining the Bank's prior written consent and the Company will inform the Bank immediately if it or any of its shareholders has issued Bearer Shares and confirms that the Company is not prevented by law or regulation from complying with this undertaking.
8. the Company is aware of the fees and charges of the Bank, which are available online at the Bank's website, and that these may be amended by the Bank from time to time by updating them on the website.

9. that, in line with applicable regulations, the Bank may request or disclose the Company’s confidential information for or to (as the case may be) any bank in response to a request for a credit reference (which may include details of accounts, type of business and account conduct).
10. the Company will supply the Bank with a copy of its constitutive documents and with a copy of each amending resolution as soon as the same has been passed together with copies of all current certificates and other documents evidencing the formation of the Company and all current licenses, approvals and consents for the Company to carry on its business which the Bank may request from time to time; and
11. all accounts of whatever nature now or hereafter opened and/or continued in the name of Company shall be operated and dealt with on the terms of this mandate and the Bank’s Corporate Banking General Terms and Conditions for the Operation of Accounts, which are available online at the Bank’s website and the Company expressly agrees and accepted to be bound by them whether set out in English and/or Arabic.

Signature of Authorized Signatory:

For and on behalf

Name:

Title:

Date:

Company Seal:

Signature of Authorized Signatory:

For and on behalf

Name:

Title:

Date:

Company Seal:

Signature of Authorized Signatory:

For and on behalf

Name:

Title:

Date:

Company Seal:

FOR BANK USE ONLY:

I confirm that all pages of this document have been duly signed in accordance with the customer's mandate.

Staff Name: _____ Peoplesoft ID: _____

Date: _____

Signature: _____