

For Bank Use Only

Please complete all details in capital letters

Branch Name	<input type="text"/>	Branch Code	<input type="text"/>	Account Opening Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Account Officer	<input type="text"/>	Customer Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	RM/BM Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
IBAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Title of Account	<input type="text"/>												

Type of Customer (please tick)

All customer must complete 'FATCA/CRS Form - Entities

<input type="checkbox"/> Listed Public Limited	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Public Multinational	<input type="checkbox"/> Special Purpose Vehicle	<input type="checkbox"/> State owned entities
<input type="checkbox"/> Unlisted Public Limited	<input type="checkbox"/> Trust and foundations	<input type="checkbox"/> Partnership Firm		
<input type="checkbox"/> Proprietorship Firm / Sole Proprietor	<input type="checkbox"/> Federal Government	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Offshore Company	
<input type="checkbox"/> Br. Office or Liason Office of Foreign	<input type="checkbox"/> Trust/Clubs/Societies/Associates/Charities/NGOs etc			
<input type="checkbox"/> International Organisations / Foreign Missions / Embassy / Consulates	<input type="checkbox"/> Free Zone Company	<input type="checkbox"/> Private Multinational Company		
<input type="checkbox"/> Other	<input type="text"/>			

Business Details (as applicable)

Note: (An ultimate beneficial owner is any natural person(s) /individual shareholder/legal person who ultimately own(s) or controls a customer and or holding shares equal to or above 10% in an entity)

Ultimate Beneficial Owner(s)	<input type="text"/>		
Registration/Incorporation No.	<input type="text"/>		
Date of Incorporation (if applicable)	<input type="text"/>	Place of Incorporation (if applicable)	<input type="text"/>
Type of Company (as per license)	<input type="text"/>		

Registered Business Address

Office No./Name	<input type="text"/>	Street No/Name	<input type="text"/>
Area/District	<input type="text"/>	City	<input type="text"/>
		Country	<input type="text"/>
Postal/Zip Code	<input type="text"/>	Office Landline (if applicable)	<input type="text"/>
Mobile Number	<input type="text"/>	Email Address	<input type="text"/>

Trading Address/Premises (please complete if different to provided registered address above)

Office No./Name	<input type="text"/>	Street No/Name	<input type="text"/>
Area/District	<input type="text"/>	City	<input type="text"/>
		Country	<input type="text"/>
Postal/Zip Code	<input type="text"/>	Office Landline (if applicable)	<input type="text"/>

Preferred Mailing Address

<input type="checkbox"/> Registered Address	<input type="checkbox"/> Trading Address
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Nature of Business (please select and provide details)

Agriculture Real Estate Import/Export Manufacturing Retail Trading Services Other (please specify)

Do you trade outside of UK? (please tick) Yes No If 'yes', please list the countries involved

Expected type of counterparties/customers/suppliers associated with this entity

Financial Details

Number of employees (if applicable) Date of Business Commencement

Expected turnover in the next 12 months (GBP) Source of Income

Expected monthly Credit Turnover Amount (GBP) No. of Transactions

Normal/Expected Modes of Credit transactions (please select all the apply) Cash Cheque Clearing Multiple Mode of Transactions
 Remittance Online Funds Transfer

Other Modes of Credit Transactions (please specify)

Expected monthly Debit Turnover Amount (GBP) No. of Transactions

Normal/Expected Modes of Debit transactions (please select all the apply) Debit Card Online Funds Transfer Cash Cheque/Clearing

Other Modes of Debit Transactions (please specify)

Type of Account (select appropriate box - where there is an asterisk, please select currency)

Current Account Savings Account Other (please specify)

Currency of Account GBP USD EURO Other (please specify)

Initial Deposit (amount) Source of Initial Deposit Cash Funds Transfer Cheque Other (please specify)

Purpose of Opening Account (please tick) Business Savings Credit Facility Import/Export Remittance Rental Income Wealth Management
 Other

Cheque Book Required Yes No

Signatories (please complete additional sheets as necessary)

Please provide details of all Beneficial Owners/Partners/Directors/Trustees/Authorised Signatories as applicable, as well as any Shareholders with a holding greater than 5%

(1) Name Customer Identification Number

Role (please tick) Beneficial Owner Partner Director Trustee Authorised Signatory

Designation Individual's shareholding/stakeholding/voting right percentage: (if applicable) _____ %

(2) Name Customer Identification Number

Role (please tick) Beneficial Owner Partner Director Trustee Authorised Signatory

Designation Individual's shareholding/stakeholding/voting right percentage: (if applicable) _____ %

(3) Name Customer Identification Number

Role (please tick) Beneficial Owner Partner Director Trustee Authorised Signatory

Designation Individual's shareholding/stakeholding/voting right percentage: (if applicable) _____ %

(4) Name Customer Identification Number

Role (please tick) Beneficial Owner Partner Director Trustee Authorised Signatory

Designation Individual's shareholding/stakeholding/voting right percentage: (if applicable) _____ %

Date _____ A/c No: _____

Current / Current Plus _____

Savings / Savings Plus _____

Term Deposit _____

Title of Account _____

Full Name(s)	Signature(s)

Date _____ A/c No: _____

Current / Current Plus _____

Savings / Savings Plus _____

Term Deposit _____

Title of Account _____

Full Name(s)	Signature(s)

Declaration

HBL Bank UK Limited (trading as HBL Bank UK) is incorporated in England and Wales with company number 01719649. Our registered office and main trading address is at 9 Portman Street, London, W1H 6DZ. We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (reference number 188585).

Eligible deposits with HBL Bank UK Limited are protected up to a total of £85,000 (which may be subject to change) by the Financial Services Compensation Scheme (FSCS), the UK's deposit guarantee scheme. Please refer to the HBL Bank UK Limited's FSCS information sheet. Further information can be found at the FSCS website on www.fscs.org.uk.

To be signed by the customer

We request the HBL Bank UK to open an account in our name, as set out above in this account opening form.

We confirmed that we have received a copy of HBL Bank UK's Terms and Conditions.

We acknowledge and agree that our agreement with HBL Bank UK, and the services provided by HBL Bank UK to us are governed by and subject to HBL bank UK's Terms and Conditions (as amended by HBL Bank UK from time to time in accordance with their terms). We agree that we shall operate my/our account(s) with HBL Bank UK in accordance with those Terms and Conditions.

We confirm that the information set out above in this account opening form is complete and accurate to be best of our knowledge and belief. We understand that HBL Bank UK is entitled to rely on the accuracy of that information, and that the information forms part of our agreement with HBL Bank UK.

We understand that HBL Bank UK is required to comply with strict legal obligations regarding the identity of its customers, source of funds, etc. under UK and international Money Laundering, Terrorist Financing and Transfer of Funds laws.

We consent HBL Bank UK checking my identity and the validity of any identification document we provide with issuing authority of that document, and also the identity of any individuals (such as partners, shareholders and officers, trustees, etc.) we provide to you.

We confirm that we have the consent of each of those individuals to provide you with their personal information and for you to collect and process that information as described in HBL Bank UK's privacy policy, a copy of which is attached to the terms and Conditions provided to us and which is also available at HBL bank's Corporate website on www.hblbank.com.

We agree to provide any documents and information required by HBL Bank UK for legal or regulatory purposes, and for HBL Bank UK's own internal policies. We acknowledge that HBL Bank UK may (and may be obliged to) terminate or suspend banking services to me/us (including freezing my/own account(s)) if we do not promptly provide any documents or information required by HBL Bank UK.

Authorised Signatory

(1) Name	<input type="text"/>	Position/Designation/Capacity	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(2) Name	<input type="text"/>	Position/Designation/Capacity	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(3) Name	<input type="text"/>	Position/Designation/Capacity	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(4) Name	<input type="text"/>	Position/Designation/Capacity	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>