

APPLICATION FORM FOR OPENING INDIVIDUAL / JOINT ACCOUNT

DATE:..... Note: Kindly fill the form in BLOCK letters and sign in the appropriate space only after reading the terms and conditions. The terms and conditions which apply to operating this account form an integral part of this application form. PLEASE COMPLETE IN FULL AND TICK WHEREVER APPLICABLE. (All fields marked with (*) are mandatory)

For Bank use only	
Customer Number	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

Personal Details

	Primary Applicant	Second Applicant ¹
*Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others
*Full Name <small>(as per the ID)</small>		
*National/ Resident ID <small>(Not applicable for non resident)</small>	No. Expiry Date dd/mm/yyyy	No. Expiry Date dd/mm/yyyy
*Passport Details <small>(For non Omani only)</small>	No. Expiry Date dd/mm/yyyy	No. Expiry Date dd/mm/yyyy
*Relationship with primary applicant	Self	
Are you an existing customer? <small>(Changes if any will be updated in personal records)</small>	Provide account No.	Provide account No.
*Date of Birth & Nationality	Date dd/mm/yyyy Nationality:	Date dd/mm/yyyy Nationality:
*Country of Birth		
*Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
*Marital Status	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow	<input type="checkbox"/> Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow
*Mobile Number		
*Mailing Address (If Available) <small>(Sultanate of Oman)</small>	PO Box:..... PC:	PO Box:..... PC:
	Location:	Location:
*Residence Address (Proof Required) <small>(For Oman Residents only)</small>	Address:	Address:
	City/Wilayat:.....	City/Wilayat:.....
	House/Flat Number: Building Number:	House/Flat Number: Building Number:
	Way Number:	Way Number:
*Landmark <small>(closest landmark)</small>		
*Permanent Address <small>(For Non Omani only)</small>		

***Reason for opening the account:**

Saving
 Salary
 Waratha / Heirs
 Loan Re-payment
 Foreign Remittances
 Investment in Securities
 Investment in Property & Land
 Others (Please Specify)

*** Preferred Communication Language:** English Arabic (Default will be the language used for application form)

***Source of funds:**
 Salary
 Parents
 Personal Saving
 Rental / Interest
 Investments
 Other (Please Specify)

*** Residence Address Proof (Please provide any of the following)**

- | | |
|--|--|
| <input type="checkbox"/> Copy of House Mulkia / Tenancy Agreement
<input type="checkbox"/> Copy of Utility Bill
<input type="checkbox"/> Letter from Employer
<input type="checkbox"/> Letter from the Wali/ Sheikh Certifying the address
<input type="checkbox"/> Other Bank Statement | If proof is in the name of a relative, please attach any of:
<input type="checkbox"/> Marriage / Birth Certificate
<input type="checkbox"/> Passport showing relationship
<input type="checkbox"/> Government issued, any other relevant document
<input type="checkbox"/> Letter from relative with ID copy |
|--|--|

"Provide any of the documents listed"

1. In case any account holder is deceased, the account will be frozen.

*** US Indicia (FATCA)**

	Are you Holder of any of the following	Primary Applicant	Second Applicant
a.	US Tax Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	US Nationality / Green Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Address / Tel. No. in USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Make outgoing payment to USA	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If any of above is Yes, Please fill separate FATCA form			

*** Common Reporting Standard (CRS)**

Are you a tax resident in any country other than Oman If Yes, Provide details below If No, move to the next section

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN (Tax Identification Number) for each country/jurisdiction indicated. If the Account Holder is tax resident in more than three countries/ jurisdictions, please use a separate sheet. if a TIN is unavailable please provide the appropriate reason A,B or C where indicated below:

Reason A: The country / jurisdiction where the Account Holder is resident does not issue TINs to its residents.

Reason B: The Account Holder is otherwise unable to obtain a TIN or equivalent number **(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason).**

Reason C: No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction).

Premium applicant Country/Jurisdiction of tax residence	TIN	If no TIN available, select reason A, B or C as explained above
1.		<input type="checkbox"/> Reason A, <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
2.		<input type="checkbox"/> Reason A, <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
3.		<input type="checkbox"/> Reason A, <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C

Second applicant Country/Jurisdiction of tax residence	TIN	If no TIN available, select reason A, B or C as explained above
1.		<input type="checkbox"/> Reason A, <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
2.		<input type="checkbox"/> Reason A, <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C
3.		<input type="checkbox"/> Reason A, <input type="checkbox"/> Reason B , <input type="checkbox"/> Reason C

*** Politically Exposed Person / Prominent Position**

		Primary Applicant	Second Applicant
a.	Do you or any of your direct relative(s)* currently holding/previously held any of the below mentioned position(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
* please provide name and position if your direct relative is a PEP	
b.	Are you a close business associate of any of the below mentioned position(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

- H.H and H.E. designations or member of Royal Family whether local or foreign
 CEO of publicly listed company or a fully-owned government company whether local or foreign
 Rank of Brigadier General and above whether local or foreign
 Ambassador, Embassy First Secretary, Consulate General, Embassy Attaché
 Senior Officials in an International Organization (such as UN, WHO, UNISCO... etc) or a senior foreign government official
 Member of Parliament, Shura Council, Oman Council or equivalent in any jurisdiction

*** Employment Details (Primary Applicant Only)**

Please specify your employment status:

- Self Employed Employed Job Seeker Household worker Housewife
 Student Retired Minor (Age 12-under 18) Child (Below 12 years)
 Expected Monthly Income in OMR: Below 500 500-1000 1001-2500 2501-5000 More than 5000

If employed, fill in the following details:

- Occupation: Government Sector Semi Government Private Sector Business Owner
 Name of Employer / Business :
 Employer's / Business Address: PO Box:.....PC:.....Location.....
 Present Position:.....
 Proof of Employment:
 Letter from Employer / Latest Salary Slip / Employee ID
 Salary already credited to Bank Muscat account (for existing customers)

*** Account Details**

Account Type (select as required)	Currency
<input type="checkbox"/> Savings Account - Al Mazyona	<input type="checkbox"/> OMR <input type="checkbox"/> AED
<input type="checkbox"/> Savings Account - Interest Bearing	<input type="checkbox"/> OMR <input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP
<input type="checkbox"/> Savings Account - Interest Free Account (No Al Mazyona Scheme)	<input type="checkbox"/> OMR <input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP
<input type="checkbox"/> Current Account	<input type="checkbox"/> OMR <input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> GBP
Debit Card Required <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, please fill in the name desired on Debit Card)</small>	

- Account statement to be sent: Email (Capital letters) Post (Default by Email, if email address provided)

- For Current Account: Cheque book facility required (only applicable for OMR currency): No Yes, Number of Cheque Books:
 Number of Cheque leaves required (Select one) 10 25 50 100

Declaration for Minor Account (Age below 18 years)

I in my capacity as the Natural Guardian (father) or Legal Guardian (court order attached) of the minor name (details provided as primary applicant) confirm to operate this account till minor attains the age of maturity as follow (select one):

- I will operate this account as the Natural Guardian (father) / Legal Guardian appointed by court order

OR

- I hereby appoint and authorize ID No.to operate as a 'chosen guardian',

I acknowledge and agree that this authorization shall not relieve me from any legal responsibility towards the above mentioned account and that I will indemnify and hold harmless Bank Muscat and its employees from any liability in relation to this authorization.

Name of the Natural / Legal guardian: ID No. Signature:

*** Declaration**

I/We confirm that the information given is true and complete. I/We have read and obtained a copy of terms and conditions (F3B V1 09/08) governing this application including delivery channels, and consent to receive marketing promotion and surveys from Bank Muscat or affiliates/ partners, and agree to be bound by the same and any amendment thereto as may be made by the bank from time to time. If the account remains without operation over a reasonable period of time, the bank has the right to close the account without notice from me/us. I hereby accept that my name and details as a winner of Al Mazyona draw may be advertised in all leading print / digital media without prior consent from me. I hereby confirm that I am the ultimate beneficiary of this account.

To operate (select one):

- Singly (Any applicant to sign)
 Joint (All applicants to sign jointly)

Specimen Signature (Primary Applicant/
Guardian- operating this account)

Specimen Signature (Second Applicant)

For Bank use only

Check List

- | | |
|---|--|
| <input type="checkbox"/> ID documents obtained | <input type="checkbox"/> Proof of Employment documents obtained |
| <input type="checkbox"/> Address proof documents obtained | <input type="checkbox"/> For Minor account, ID document of Natural/ Legal Guardian |
| <input type="checkbox"/> Passport (for non Omani) document obtained | <input type="checkbox"/> For Minor account birth certificate |
| <input type="checkbox"/> FATCA form obtained, if applicable | <input type="checkbox"/> Court legal ID |

Declaration

- I confirm having met the customer(s) in person.
 I confirm verifying all documents required for opening of this account in Original and copy obtained and verified as per Bank's KYC policy. Latest CBO caution list checked for current account.
 Specimen Signature of all authorized persons applicable to each account set up in system.

CIF Number: Account Number:

Checked by (Staff Name): Approved by (Staff Name):

Signature: Signature:.....

• Reference no after scanning and uploading in Omniflow is