

Account Opening Application Form for a Business Entity

I / We hereby submit a request to open an account for our organization at Bank Muscat as per the details given below

Please specify the reasons for opening the account?

*Organization Details

Organization Name (As per the official document maximum 35 characters)

Commercial Registration (CR) Number		Establishment / Incorporation Date	
CR Issue Date		CR Expiry Date	
Authorized Capital		Projected Annual Turnover	
Issued Capital		Paid up Capital	
Total Number of Employees			
Legal Entity Type	<input type="checkbox"/> Home business	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> General partnership
	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Public Joint Stock Company SAOG	<input type="checkbox"/> Public Joint Stock Company SAOC
Company Nationality	<input type="checkbox"/> Local Company	<input type="checkbox"/> Foreign Company / Branch of an International Company Certification of required documents for non-resident companies	

Value Added Tax (VAT) Registration Number (12 Character example OM110000XXXX)

O	M																		
VAT Registration date:												VAT Expiry date:							

*Location / Physical Address

Governorate	Willayat	
City / Village	Building Number	

Google Map Location (If applicable)

Postal Address and Contact Information

Postal Box	Postal Code	
Postal City	Email Address*	
Landline Number	Mobile Number*	

Note: the email address and mobile number provided will be the default for any communication. Where specific Email or Mobile number is provided as part your application for a specific product/service, communication related to that product/service will be sent at the relevant contact details.

*Select Type Of Industry

Please select the type of products / services that your organization offers from the specified list below

<input type="checkbox"/> Agriculture / Allied Services	<input type="checkbox"/> Construction Contractors	<input type="checkbox"/> Hotels Restaurants Recreation
<input type="checkbox"/> IT Services Companies	<input type="checkbox"/> Manufacturing Process	<input type="checkbox"/> Professional Services
<input type="checkbox"/> Retail Trader	<input type="checkbox"/> Services	<input type="checkbox"/> Travel & Ticketing
<input type="checkbox"/> Wholesale Import Export	<input type="checkbox"/> Mining	<input type="checkbox"/> Real Estate Agents
<input type="checkbox"/> Government Companies	<input type="checkbox"/> Listed Companies	<input type="checkbox"/> Financial Institution / Banks
<input type="checkbox"/> Oil / Gas Petroleum	<input type="checkbox"/> Hypermarkets / Supermarkets	<input type="checkbox"/> Money Exchange
<input type="checkbox"/> Offshore Companies	<input type="checkbox"/> Commodity / Metal Trading	<input type="checkbox"/> Heavy Machinery & Equipment
<input type="checkbox"/> Hospitals / Educational	<input type="checkbox"/> Export / Import	<input type="checkbox"/> Building Materials
<input type="checkbox"/> Investment / Brokerage House	<input type="checkbox"/> Other (Please Specify)	

*Account Details

Please select the account type suitable to your operations (An explanation given below for reference and more information available at the branch)

<input type="checkbox"/> Corporate Account (SME/Large Corporate)	<input type="checkbox"/> Najahi Account		
Whether you are a SME, a Large Corporate or any business registered in Oman, you can open a Bank Muscat Corporate Account, which is your gateway to a wide range of financial solutions that includes convenient digital services, customized business lending, global trade services and the convenience of a dedicated Account Relationship Manager.	Specially designed Current Account along with branded Cheque and debit card to provide 24 / 7 access to your account with a daily withdrawal limit of OMR 1000/- . Avail these benefits by maintaining an monthly average balance of RO 500/-		
Account Currency <small>(Few currencies may have negative interest)</small>	<input type="checkbox"/> OMR	<input type="checkbox"/> AED	<input type="checkbox"/> EUR
	<input type="checkbox"/> GBP	<input type="checkbox"/> USD	

Owner(s) Shareholder(s) Details & Politically Exposed Person (PEP)

Please fill in the details of the shareholders of the company.

N.	*Name of Shareholder (Beneficial Owner)	Nationality	Resident ID / Passport No.	Date of Birth	% of Shareholding	PEP (Politically Exposed Person)
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>
7						<input type="checkbox"/>
8						<input type="checkbox"/>

9						<input type="checkbox"/>
10						<input type="checkbox"/>
11						<input type="checkbox"/>
12						<input type="checkbox"/>
13						<input type="checkbox"/>
14						<input type="checkbox"/>
15						<input type="checkbox"/>

Note:

If shareholder is a company holding 10% or more shares, then CR & Name of Shareholder of that company must be provided; if shareholder is a listed company, then name of the Stock Exchange where the company is listed must be provided. Passport can be provided only if shareholder is non-resident. If shareholder is US Citizen / Tax Resident / Green Card Holder holding 10% or more shares then W8BEN form is to be provided by such shareholder. If shareholder is US Citizen / Tax Resident / Green Card Holder holding 100% shares then W9 form is to be provided for such shareholder.

PEP (Politically Exposed Person)

If any of the shareholders or beneficial owners currently hold / previously held or have / had a direct relative or close business association with any of the following mentioned position(s)?

- 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, UNESCO...etc.) or a senior foreign government official.
- Member of Parliament, Shura Council, Oman Council or equivalent in any jurisdiction.
- Member of a supreme court whether local or foreign
(use separate sheet if required)

Politically Exposed Person (PEP) Details

If you have specified any of the shareholders as PEP based on the defined criteria then please provide name & position of the direct relative / business associate as per below:

N.	Name
1	
2	
3	
4	
5	

Authorized Signatories

Please specify who is authorized within the organization to open and create an account and the authority type

N.	Name	Nationality	Resident ID/ Passport NO.	Date of Birth	Specimen Signature	Singly/ Jointly with
1						
2						
3						
4						
5						

(use separate sheet if required)

The persons specified above as having power to sign on the accounts for and on behalf of the company are fully empowered to enter into any transactions on behalf of the company with the Bank including but not limited to the right to exercise the following powers (delete appropriately if any of the following authorizations do not apply).

1. To purchase and/or sell bills of exchange whether inland, foreign, telegraphic, usance, at sight, to order, etc., and/or otherwise and to accept or refuse bills drawn on the Company.
2. To accept, endorse and discount instruments, promissory notes, inland bills, foreign bills, and/or other commercial instruments.
3. To open and amend letters of credit and accept or refuse discrepancies in respect thereof, to borrow money against security and/or without security, to hypothecate and mortgage property, whether movable or immovable.
4. To open and operate current/deposit accounts in local and/or foreign currency, to issue cheques, to endorse cheques and to collect the amounts thereof.
5. To draw cheques on the Company's account(s) even if such drawing or drawings create overdrafts in the said account(s), but \ without prejudice to the Bank's right to refuse to allow any overdraft.
6. To sign letters, and issue receipts and indemnities.
7. To issue guarantees and undertakings to request the Bank to issue guarantees and undertakings.
8. To take delivery of documents, bonds, instruments, invoices and bills of lading in respect of goods consigned to the Company.
9. To enter into contracts with the Bank for forward sale and/or purchase of currencies.
10. To issue instructions for transfer of funds.
11. To confirm the correctness of account balances.

Additional Requirements

Would you like to request a Cheque book for this account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Number of Cheque leaves required (please select)	<input type="checkbox"/> 100	<input type="checkbox"/> 50	<input type="checkbox"/> 25
Would you like to receive a printed account statement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Would you rather go green and receive an electronic statement? (If Email address provided this will be the default option)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
How frequent would you like to receive the statement?	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Annually
What is the preferred language of communication?	<input type="checkbox"/> English	<input type="checkbox"/> Arabic	

Disclaimer: for products specific notifications please fill up the specified forms. (Communication Form/ Indemnity for Government & Corporate Customers)

Appendix (A) *FATCA Entity Self Certification Form

For Foreign Account Tax Compliance Act (FATCA) purposes, all Entities (i.e. Corporates and Financial Institutions) must be classified into specific categories. Please indicate which category applies to your entity by ticking only one "Yes" of the following.

Note: This section is only applicable for corporates which are not sole proprietorships / 100% single ownership.

US Corporates & US Financial Institutions (Tick the appropriate box please)

1. Are you a Specified US person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a US person who is not a specified US Person?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Non-US Financial Institutions

3. Are you a Financial Institution in an Inter-Governmental Agreement (IGA) Country	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you a Participating Non-US Financial Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you a Deemed Complaint Non-US Financial Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A. Registered Deemed Compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Certified Deemed Compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you a Non-Participating Non-US Financial Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Exempt Entities

7. Are you an Exempt Beneficial Owner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have responded to any of the above questions (1 to 7) as YES, then please provide a W8BENE form on behalf of the corporate.

Other Entities

Please tick box if your entity does not fall under any of the above

Please provide in full the details requested in the table below of any US Controlling Persons, i.e. any individuals who are either a US citizen or a resident in the US for tax purposes, who hold more than 10% stake in the Non-Financial Non-US Entity by vote or value:

US Controlling Person's Name (1)																
Apartment / Suite Number					Building Name / Number											
Street Name					City											
State					Postal / Zip Code											
US Tax Identification Number (TIN) of the individual US Controlling Person																

US Controlling Person's Name (2)																				
Apartment / Suite Number				Building Name / Number																
Street Name				City																
State				Postal / Zip Code																
US Tax Identification Number (TIN) of the individual US Controlling Person																				

US Controlling Person's Name (3)																				
Apartment / Suite Number				Building Name / Number																
Street Name				City																
State				Postal / Zip Code																
US Tax Identification Number (TIN) of the individual US Controlling Person																				

If you have specified any US controlling person, then please provide a W8BENE form on behalf of the corporate.

Appendix (B) Common Reporting Standard (CRS)

Please complete this self-certification form carefully. All information requested on the form is mandatory and need to be completed in full. You may wish to consult your Tax /Legal advisor to complete this Form.

Part 1 – CRS Entity Type

(A) Sole Proprietor

Are you a tax resident outside Oman? (If you answer Yes, skip to Part 2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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(B) Other Entity Types/LLCs/SAOC/SAOGs/Govt. Entities/International Bodies/FI/Bank(s)

Select the entity type and sub-entity type from the list provided below:	
1)	<input type="checkbox"/> Financial Institution <input type="checkbox"/> Investment Entity (If you ticked this, select the Investment Entity type below) <input type="checkbox"/> An Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution If you selected this, please provide Global Intermediary Identification Number (GIIN) if held and move to part (3) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other Investment Entity If you selected this, please provide Global Intermediary Identification number (GIIN) if held: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> Depository Institution, Custodial Institution or Specified Insurance Company (If you selected this, please provide Global Intermediary Identification number (GIIN) if held):
2)	<input type="checkbox"/> Active NFE (Non-Financial Entity) <input type="checkbox"/> Corporation (If you ticked this, select the type of corporation below) <input type="checkbox"/> Stock regularly traded on an established securities market. (Provide the name of the established securities market on which the corporation is regularly traded) <input type="checkbox"/> Related entity of such a regularly traded corporation. (Please provide the name of the regularly traded corporation that the Entity is a Related Entity of)

2)	<input type="checkbox"/> Government Entity or Central Bank (If you have selected this then skip to Part 2 - TIN Details)
	<input type="checkbox"/> International Organization (If you have selected this then skip to Part 2 - TIN Details)
	<input type="checkbox"/> Start-up NFE or a nonprofit NFE (If you have selected this then skip to Part 2 - TIN Details)
3)	<input type="checkbox"/> Passive NFE (Non-Financial Entity) (Note: A NFE will be deemed a Passive NFE if more than 50% of the NFE's gross income for the preceding calendar year or appropriate reporting period is passive income or the assets held by the NFE during the same period are assets) that produce or are held for the production of passive income. (If you have selected this then move to Part 3 - Identification of Controlling Person.)

Part 2 - Taxpayer Identification Number or equivalent number* (TIN) Details

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN 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).

Country/Jurisdiction of tax residence <small>(to be filled if country/jurisdiction of tax residence is other than Oman)</small>	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

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above

1.	
2.	
3.	

Part 3- Identification of Controlling Person (as in the Passport / Civil ID)

A) Name of Account Holder (as in the passport / Civil ID)

Title		First Name	
Middle Name(s)		Family Name	
Date of Birth		Town/City of Birth	
Country of Birth			

B) Current Residence Address

Building Number		Street	
City / Village		Province/County/State	
Country		ZIP Code	

C- Mailing Address:(Please complete if different from the Current Residence Address shown above)

Postal Box		Postal Box	
Postal City		Postal City	

Please complete the following table indicating (i) where the Account Holder is tax resident and (ii) the Account Holder's TIN 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)

Country/Jurisdiction of tax residence (to be filled if country/jurisdiction of tax residence is other than Oman)	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

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above

1.	
2.	
3.	

Please enter the legal name of the relevant entity Account Holder(s) of which you are a Controlling Person.

N.		
1	Legal Name of Entity 1	
2	Legal Name of Entity 2	
3	Legal Name of Entity 3	

N.	Please provide the Controlling Person's Status by ticking the appropriate box	Entity 1	Entity 2	Entity 3
1	Controlling Person of a legal person – control by Ownership.			
2	Controlling Person of a legal person – control by other means.			
3	Controlling Person of a legal person – senior managing official.			
4	Controlling Person of a trust – settlor.			
5	Controlling Person of a trust – trustee.			
6	Controlling Person of a trust – protector.			
7	Controlling Person of a trust – beneficiary.			
8	Controlling Person of a trust – other.			
9	Controlling Person of a legal arrangement (non-trust) – settlor-equivalent.			
10	Controlling Person of a legal arrangement (non-trust) – trustee-equivalent.			
11	Controlling Person of a legal arrangement (non-trust) – protector-equivalent.			
12	Controlling Person of a legal arrangement (non-trust) – beneficiary-equivalent.			
13	Controlling Person of a legal arrangement (non-trust) – other-equivalent.			

Appendix (C) *Customer Due Diligence (CDD)

Please provide answers to the following questions to enable a better understanding of the customer

1. What is the nature of the business? Give detailed description including the type of goods or services offered

2. Whether customer's business have or will have any direct / indirect connections with Iran, Yemen, Syria, Libya, Cuba, Crimea, Sudan or N. Korea?
Please elaborate

3. Whether the business have or will have underlying import / export?

4. List down the countries importing from?

5. List down the countries exporting to?

6. Who are the local suppliers for the business (if any)?

7. If there are any existing ongoing contracts, please list them down (contractor, value, contract date)?

8. Whether there will be foreign currency payments from the account? (AED, USD, EUR, INR etc. – Please specify).

9. Whether any intermediaries will be involved? If Yes, then provide name of intermediaries with copy of CR giving shareholding details.

Appendix (C) *Customer Due Diligence (CDD)

10. Please provide details of full time employees? Name, nationality, civil ID number (provide as a separate sheet)

11. What is the source of Funds (Name of the Bank from where capital is going to come from)? Please note that:

- No third party funds will be accepted;
 - Funds should come from reputed banks;
 - Funds from Money Exchange companies will not be accepted.
-

12. Projected monthly income?

13. Projected monthly expenses?

14. Projected amount of salary given to employees monthly?

15. Whether company shareholders has any related companies in other jurisdictions? If yes please provide details including:

Jurisdiction Name:	
Name of Company in jurisdiction provided above:	
Commercial Registration Number:	
Name of Shareholders:	
Name of Website:	
Name of Bank Account:	
Whether Account is active or closed.	
If closed, Date of Closure of the Account:	

We confirm that the above information / details provided is true and correct. We shall indemnify Bank Muscat against any loss, damage or claim, whether judicial or otherwise, incurred due to any false / incorrect / misrepresented facts / details provided as above.

Appendix (D) Declaration & Signature

I/We hereby certify the information I have provided in this form is true, correct and complete, I/We confirm that under no circumstances shall the Bank, its employees or its contractors be liable for any direct, indirect, incidental, special, punitive or consequential damages that may result in any way from their reliance on the information I/We have provided.



• I/We shall indemnify Bank Muscat against any loss, damage or claim whether judicial or otherwise, incurred due to any false / incorrect / misrepresented facts / details provided as part of the form the Company or change in ownership or name of signatories.

• I/We have provided this FATCA Self Certification willingly without advice or help from the Bank. I/We understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my/our application or other appropriate action taken against me/us.

• I/We confirm that the information of beneficial owners given is true and complete. I/We have read and obtained a copy of Terms and Conditions, which is also available in https://www.bankmuscat.com/en/Business/Everydaybanking/Forms_Documents/Account%20Opening%20-T.C.PDF, 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/ We hereby confirm that the shareholders is the ultimate beneficial owner of the accounts.

• I/We understand that the information supplied by me is covered by the full provisions of the Terms and Conditions governing the Account Holder's relationship with Bank Muscat setting out how Bank Muscat may use and share the information supplied by me.

• I/We acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.

• I undertake to advise Bank Muscat within 30 days of any change in circumstances which affects the tax residency status of the Account Holder identified in Part 1 of this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 2 question 2a), and to provide Bank Muscat with a suitably updated self-certification and Declaration within 90 days of such change in circumstances.

