

## **Omani Minor Account Opening Form**

(By Guardian having Bank Muscat Account)

Branch Name:	DATE:
Kindly fill the form in BLOCK letters and COMPLETE IN FULL AND TICK WHER	EVER APPLICABLE. (All fields marked with (*) are mandatory)
Guardian Declaration for Minor (Age below 18 years) Account Openir	ng
OR	
☐ I hereby appoint and authorize <b>Mother</b> Mrs.	
	erto operate as a 'chosen guardian',
I acknowledge and agree that this authorization shall not relieve me from a indemnify and hold harmless Bank Muscat and its employees from any liab	my legal responsibility towards the above-mentioned account and that I will silts in relation to this authorization
* Minor Personal Details and Account Information	anty in relation to this additioned to the
Kindly open following new accounts in name of my Children(s). For more the	nan 5 Children, attach additional forms.
1. Minor Full Name (As per the ID)	ID No.
2. Minor Full Name (As per the ID)	ID No.
3. Minor Full Name (As per the ID)	ID No.
4. Minor Full Name (As per the ID)	ID No.
5. Minor Full Name (As per the ID)	ID No.
I confirm the details such as Date of birth, nationality, gender of above minors should be used from respective provided ID documents.	
*Select ID Document provided (As applicable)  *Any document true can be provided per child  Birth Certificate (Mandatory if mother authorized to operate)  National ID Passport	
Any document type can be provided per clinic	
*Account Type (select as required), OMR Currency Al Mazyona Non-Interest Saving Account Al Mazyona Step-Up Interest Saving Account	
Debit Card (minor age 13 years and above):	
Debit card type: ☐ Floosi Debit Card - (Restricted daily ATM withdrawal limit OMR 50/monthly OMR 200) ☐ Debit Card - (Standard daily ATM withdrawal of OMR 600) ☐ Not required (default if no option selected)	
I confirm that the information given is true and complete. I have read and obtained a physical copy of terms and conditions (F3B V1 09/08) also available in Bank Muscat website https://www.bankmuscat.com/en/about/Documents/bmforms/individuals_TC.pdf, governing this application including delivery channels. 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. I hereby confirm that I am the ultimate beneficiary of this account.	
☑ I authorize the bank to utilise all personal information available (as applicable) in my account details including mobile number, email address, physical address and my signature for creating this new minor account(s).	
☐ I confirm the reason for opening the account is savings and monthly income / expected monthly minor account activity is below OMR 500.	
☑ I/We confirm to have read and duly understood the Key Facts related to the product/service provided in the following QR code:	
Specimen Signature (Father)	Chosen Guardian Signature (Mother) (Applicable only if Chosen Guardian is selected by father)
For Bank Use only	
Checked by (Staff Name):	Approved by (Staff Name):
Signature:	Signature: