



Customer ID No.

Account Nos.

To be filled by Bank only

Application No.

Br Code.

Account Opening Form (Individuals)

Branch:

Date: DD MM Y Y

Please fill all the details in **CAPITAL LETTERS** Only. (✓) where applicable. Strike off or mark N/A any cages which are not applicable.

PERSONAL DETAILS

Existing Customer ID No.

Name of Main Applicant

(Rev/Dr/Mr/Mrs/Miss/Ms)

Name of Joint Applicant

(Rev/Dr/Mr/Mrs/Miss/Ms)

TYPE OF ACCOUNT

Local Currency:

- Current Account
- Ordinary Savings Premier Savings Senior Savings Minor Savings

Foreign Currency

- USD GBP EURO Others _____ (specify)
- Savings Current RNNFC FCBU
- NRFC RFC

TERM DEPOSITS

Currency: _____ Principal Amount: _____ Tenure of Deposit: _____

Interest payout at Maturity

(if deposit is for over one year) Monthly Quarterly Half Yearly Yearly

If interest payment periodically

Please Credit interest to A/C No. _____ of _____ at IPBSwiss

Remit interest to A/C No. _____ of _____ at _____ Bank _____ Branch

Maturity Instructions

- Renew principal plus interest at maturity for _____ months at the rate of interest prevailing on the date maturity.
- Renew principal only at maturity for _____ months at the rate of interest prevailing on the date of maturity and pay interest.
- Credit / remit interest to A/C No. _____ at _____
- By Pay Order favouring _____
- Pay principal plus interest at maturity
- Credit / Remit to A/C No. _____ at _____
- By Pay Order favouring _____

MODE OF FUNDING

- Debit of my / our Account Number _____ with IPBSwiss
- Enclosed Cheque / Draft Number _____ Currency _____ Amount _____ Drawn on _____
- Remittance from _____ (Remitting Bank) _____ (Address)
- and Remittance reference No. _____ of _____ (Currency) _____ (Amount)
- Cash Deposit Currency _____ Amount _____

SPECIAL INSTRUCTIONS

- Statement frequency Monthly Quarterly Half Yearly Yearly
- Statement dispatch By post By E-mail

INFORMATION

If you are a Sole Account Holder operation Savings and / or Time Deposit Account(s) with IPBSwiss, under section 544(1) of Civil Procedure code (amendments) Act No. 14 of 1993, you could nominate a person to be the beneficiary of the balance in your account(s) in the case of your death.

Full Name(s) of Nominee(s) and NIC Number(s) (if available)	Address of Nominee(s)	Age	% of Share
1			
2			
3			
4			

I confirm having read and understood the terms and conditions applicable for nomination and agree that this nomination shall have effect on all my Savings/Term Deposit Account presently available and subsequently opened with IPBSwiss Limited

Signed on this _____ day of _____ 20 _____

Signature Of Account Holder

Witness to the signature and identity of the Account Holder

Signature of witness _____

Full Name of witness: _____

Address: _____

DECLARATION

I / We have already established an account relationship with IPBSwiss and confirm that I / We have a copy of general terms and conditions governing the Account (s) I / We also agree to be bound by the aforesaid terms and conditions, as may be amended from time to time, for the account (s) which I am now opening
I / We further confirm that:

- () There have been no changes in the information / particulars that were furnished by me / us at the time of execution of my / our relationship form.
() There have been certain changes in the information / particulars that were furnished by me / us at the time executing my / our relationship form and I / we have already provided written notice to the Bank of the same.
() There have been the following charges in the information / particulars that were furnished by me / us at the time executing my / our relationship form.

Signature Of Main Applicant

Signature Of Joint Applicant

INTRODUCTION BY AN EXISTING IPBSWISS ACCOUNT HOLDER (only if introduction has not been provided in Relationship Form)

Introducer: (Rev/Dr/Mr/Mrs/Miss/Ms)

Customer ID: _____

Account No.: _____

I confirm the identity and address of the applicant(s). I have known the applicant(s) for the last _____ months / years

Date: _____
DD MM Y Y Y Y

Signature of Introducer

Signature verified by Branch Official

FOR IPBSWISS USE ONLY

Relevant information _____

Date: _____
DD MM Y Y Y Y

Signature of Interviewing Officer

FOR IPBSWISS USE ONLY

Document completed and from submitted in _____
Account opening form scrutinized and found to be in order

Signature of Bank Office _____

Account opened by _____ Signature _____
Verified / Approved by _____ Signature _____
If rejected, reason for rejection _____