Global Suvarchase Bank Ltd.

Suvarchase Bank

Account opening application - Business

Fill in BLOCK *letters and check* ☑ *where appropriate*

FOR OFFICE USE

Customer account number

22 digits

Date ☐☐ ☐☐ ☐☐☐☐
day month year

Address:
Enterprise Zone,Banjul
The Gambia

ACCOUNT TITLE

as per certificate of incorporation

TYPE OF COMPANY

☐ Sole Proprietorship ☐ Limited Liability ☐ Partnership ☐ Freezone ☐ Domiciliary Company

☐ Offshore, *specify country of incorporation*_____ ☐ Other, *specify* _____

FOR REGULATORY PURPOSE *(FATCA & CRS)*

Is this an Active Non-Financial (NFE) entity? ☐ Yes ☐ No

NOTE:

- *An **"Active NFE"** is a company conducting an operating business and is mainly engaged in a manufacturing or commercial business. More than 50% of the entity's gross income arise from an non-Financial Business Activity, and less than 50% of the entity's assets are held for the production of Passive Income.*
- ***"Financial Business Activity"** means: trading, individual or collective portfolio management, otherwise investing, administering or managing funds, money or financial assets for customers or clients.*
- ***"Passive Income"** means: interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property, etc.*

OFFICE ADDRESS

Number _____ (office / suite / shop) Street _____ (location / area)

P.O. Box/Postal/Zip code _____ City _____

Province/State _____ Country _____

Tel *(1)* + _____ (country code / area code) Tel *(2)* + _____ (country code / area code)

Fax + _____ (country code / area code) Website _____

COMPANY DETAILS

Line of business _____

Trade license no _____ Valid ☐☐ ☐☐ ☐☐☐☐ (day month year) Established on ☐☐ ☐☐ ☐☐☐☐ (day month year)

Number of employees ☐ < 10 ☐ 10 - 25 ☐ 26 - 50 ☐ 51 - 100 ☐ 100 +

Operations in more than one country ☐ No ☐ Yes, *specify country(s)*_____

Total annual credit turnover _____ Auditor's name _____

NAMES OF SHAREHOLDERS/PARTNERS	% OF SHARES	RESIDENCE ADDRESS
a)		
b)		
c)		
d)		
e)		

ACCOUNT INTRODUCER'S DETAILS

Introducer's name _____ Branch _____

Account number ☐☐ - ☐☐ - ☐☐ - ☐☐☐☐☐ - ☐☐☐ - ☐☐☐☐☐☐☐
22 digits

FOR OFFICE USE

SV

signature

Verified by _____

introducer's signature

NOTE: Company stamp required in the event introducer holds a company account.

_____ _____ _____
authorized signatory(s)

NOTE: In the case of multiple signatories, authorized signatories must sign as per the account mandate.
Form continued on next page.

SIGNATORY DETAILS

☐ ***SIGNATORY 1***

Full name _____ *as per passport / government issued ID*

Nationality _____ Dual nationality ? ☐ No ☐ Yes, *specify country* _____

Are you Resident for Tax purpose only in the Country ? ☐ Yes ☐ No *(if no, please complete CRS Self-Certification Form for Individual)*

Country residence status ? ☐ Country resident, *specify no. of years in the Country* _____ *ID Card #* _____

☐ Non-resident, *specify country of domicile* _____ Date of birth _____ *day* _____ *month* _____ *year* Place of birth _____ *place, country*

Are you Subject to US Taxation due to any reason *(eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)* ☐ Yes ☐ No

CURRENT RESIDENCE ADDRESS

Number _____ *apartment / villa / house* Street _____ *location / area*

P.O. Box/Postal/Zip code _____ City _____ State/Province _____

Country _____ Email _____

Tel *(Off)* + _____ *country code / area code* _____ *ext.* Tel *(Res)* + _____ *country code / area code*

Fax + _____ *country code / area code* Mobile + _____ *country code / area code*

☐ ***SIGNATORY 2***

Full name _____ *as per passport / government issued ID*

Nationality _____ Dual nationality ? ☐ No ☐ Yes, *specify country* _____

Are you Resident for Tax purpose only in the Country ? ☐ Yes ☐ No *(if no, please complete CRS Self-Certification Form for Individual)*

Country residence status ? ☐ resident, *specify no. of years in the Country* _____, *ID Card #* _____

☐ Non-resident, *specify country of domicile* _____ Date of birth _____ *day* _____ *month* _____ *year* Place of birth _____ *place, country*

Are you Subject to US Taxation due to any reason *(eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)* ☐ Yes ☐ No

CURRENT RESIDENCE ADDRESS

Number _____ *apartment / villa / house* Street _____ *location / area*

P.O. Box/Postal/Zip code _____ City _____ State/Province _____

Country _____ Email _____

Tel *(Off)* + _____ *country code / area code* _____ *ext.* Tel *(Res)* + _____ *country code / area code*

Fax + _____ *country code / area code* Mobile + _____ *country code / area code*

☐ ***SIGNATORY 3***

Full name _____ *as per passport / government issued ID*

Nationality _____ Dual nationality ? ☐ No ☐ Yes, *specify country* _____

Are you Resident for Tax purpose only in the UAE ? ☐ Yes ☐ No *(if no, please complete CRS Self-Certification Form for Individual)*

Country residence status ? ☐ Country resident, *specify no. of years in the Country* _____, *ID Card #* _____

☐ Non-resident, *specify country of domicile* _____ Date of birth _____ *day* _____ *month* _____ *year* Place of birth _____ *place, country*

Are you Subject to US Taxation due to any reason *(eg. US Resident, US Citizenship, US Green Cards, Substantial Presence in the US, etc.)* ☐ Yes ☐ No

CURRENT RESIDENCE ADDRESS

Number _____ *apartment / villa / house* Street _____ *location / area*

P.O. Box/Postal/Zip code _____ City _____ State/Province _____

Country _____ Email _____

Tel *(Off)* + _____ *country code / area code* _____ *ext.* Tel *(Res)* + _____ *country code / area code*

Fax + _____ *country code / area code* Mobile + _____ *country code / area code*

OPERATING INSTRUCTIONS

Signature instructions ☐ Singly ☐ Jointly *(all to sign)*

DECLARATION OF BENEFICIAL OWNERSHIP

I/We, _____ *Account Title / Contracting Partner(s)*,

hereby declare that the beneficial owner(s) of this account are as per the following documents *(check ☑ the appropriate box)*

☐ Sole Proprietor's Declaration *(for Sole Proprietorship account)*

☐ Letter of Partnership/Partnership Deed

☐ Form A for Beneficial owner(s) identity has been submitted separately

☐ List of Shareholders *(as per the Memorandum of Association/Trade License)*

☐ Trust Deed/Bylaws *(for Clubs, Associations, NGO's & Trust accounts)*

_____ _____ _____

authorized signatory(s)

NOTE: In the case of multiple signatories, authorized signatories must sign as per the account mandate.

Form continued on next page.

TYPE OF ACCOUNTS

ACCOUNT TYPES	CURRENCY				
☐ Demand deposit *(Current)*	☐ USD	☐ EUR	☐ GBP	☐ OTHER	_____
☐ Deposit book *(Savings)*	☐ USD	☐ EUR	☐ GBP	☐ OTHER	_____
☐ Call deposit *(Call)*	☐ USD	☐ EUR	☐ GBP	☐ OTHER	_____
☐ Time deposit *(TD)*	☐ USD	☐ EUR	☐ GBP	☐ OTHER	_____

TD Rollover ☐ Monthly ☐ Quarterly ☐ Half-yearly ☐ Yearly ☐ Other _____

ADDITIONAL DETAILS

Source of income ☐ Business ☐ Property ☐ Investment ☐ Other _____

Purpose of the account ☐ Business transactions ☐ Investment ☐ Other _____

Banking with _____
bank's name, branch and location

_____ Account type*(s)* _____

MANDATE |

I/We hereby apply for the banking services detailed in this application form and confirm that the details provided in this application form are true and correct.

I/We hereby confirm that:

a) I/We have read and fully understood the terms and conditions available on bank's website (www.suvarchasebank.com) and their application to any services granted to me/us by the Bank.

b) I/We agree to be bound by the said terms and conditions.

c) I/We agree to pay Bank's charges and accept any amendments which may be made by the Bank from time to time to those rules, terms and conditions without receiving prior notice, and

d) I/We hereby consent that the information supplied relating to me/us, my/our account's with the Bank may be disclosed as may required by law court order or competent authority or agency under the provisions of applicable laws, usage and customs and/or otherwise to safeguard the interests of the Bank and that such disclosure may be transmitted electronically including by email.

e) I/We understand that this Account Opening form AOF will be valid once signed And Authoried by

f) I/We hereby provide consent to the Bank for contacting any 3rd parties for obtaining information for due diligence under the Bank's internal / external regulatory requirements.

g) I/We is/are neither citizen/Resident of The Gambia nor

I/We Shall/Will deal into The Gambia national currency.

_____ _____ _____
authorized signatory(s) /

Place/ _____ Date/ ☐☐ ☐☐ ☐☐☐☐
city & country/ *day* *month* *year*

FOR OFFICE USE

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_____
signature

Verified by _____

NOTE: In the case of multiple signatories, authorized signatories must sign as per the account mandate.
Form continued on next page.

_____ _____ _____
authorized signatory(s) |

FOR OFFICE USE

Source of account

☐ Customer referral ☐ Telecall ☐ Seminar ☐ Staff referral ☐ Internet lead ☐ Other _____

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Bank Representative's declaration,

I have verified the particulars of the Applicant(s) on the basis of his/her/their documents *(copies attached)* and I am satisfied with the identity of the Applicant(s) who were met in person.

Bank representative : *Name* _____ *Signature* _____ *Date* ☐☐ ☐☐ ☐☐☐☐
day *month* *year*

Relationship manager : *Name* _____ *Signature* _____ *Date* ☐☐ ☐☐ ☐☐☐☐
day *month* *year*