

Account opening application form for Personal Account Customers

Important notes regarding the completion of these documents

1 Please complete this form in block capitals using blue/black ink and return to us at;

Client Services
Jordan International Bank
Almack House
26-28 King Street
London
SW1Y 6QW

- 2 Complete all relevant sections fully. Many of the questions on the application form relate to mandatory regulatory requirements. Failure to complete all the applicable sections fully may delay or prevent the opening of the account for you.
- 3 When submitting documents, ensure that you have included all additional documents required, as detailed in Section 8.
- 4 Make sure that you have read and understood the Terms and Conditions (including the obligation to send updated documents and information to us) and Schedule of Charges.
- 5 If there are more than two Applicants, please ensure that the Additional Applicants in Section 9 is completed.
- 6 All Applicants must sign the declaration in Section 6 and, if required, the email/telephone and/or fax indemnity in Section 7.



Account opening application form for individuals

- 1 Type of Account to be opened
- 2 About your new Account
- 3 Personal & employment details of the Applicant(s)
- 4 Source of wealth of the Applicant(s)
- 5 Further information
- 6 Declaration, data protection and authorised signatories
- 7 Indemnity to operate your account by fax / telephone / email optional
- 8 Customer due diligence requirements

Terms and Conditions supplied separately.



Application Form

• • • • • • • • • • • • • • • • • • • •	together with two documents to verify your identity (see Section 8) to tions of this form to help us provide you with the best possible service.
	ount number (internal use)
If the account is to be opened in joint names, plea	
	Other (please specify)
1 Type of Account to be opened	
	rencies at any time; however, you must maintain the specified minimum Application will be treated as an Application to open a single current account actions.
	, 000 in the permitted currencies. The minimum balance on a Notice Account is 50,000 in the ixed Term Deposit Account is as determined between you and your Relationship Manager.
Please tick the appropriate box below for the acco	unt you wish to open, and state the approximate total value of investment.
Approximate total value of investment (including currency)	
☐ Current Account	
☐ Notice Account (31 days or 96 days)	
☐ Fixed Term Deposit Account	
Currency ☐ JOD ☐ GBP ☐ USD ☐ EUR ☐	□ CAD □ JPY
answering the following questions as accurately a	of the purpose for opening and maintaining this Account. Please help us by and completely as possible (using a separate sheet of paper if required).
·	the initial deposit? Cheque Telegraphic transfer
	The minute deposit. — Griedage — Teregraphic transfer
Account name, if third party	
How were these funds generated? (Please tick the	e appropriate box)
	aal Savings Inheritance/gift Earned income
Other, please specify How much do	
Expected annual number of debit (withdrawal/paym	ent) transactions across your account
Expected annual number of credit (deposit/receipt) tra	insactionsacrossyouraccount
Cheque Book required (current accounts only) Paying in Book required (current accounts only) Statement Frequency	Yes / No Yes / No Monthly / Quarterly / Semi-annual / Annual



3 Personal & employment details of the Applicant(s)

FIRST NAMED: SOLE/JOINT APPLICANT

Please provide your legal name	
Title Family name	
Given name(s)	
Phone password for account (no more than 10 characters)	
Date of birth	
Nationality	
Do you hold any form of visa that entitles you to residence rights in the United States?	
Please list here all countries in which you are considered resident for tax purposes	
Tax Identification Number (EU residents only)	
PLEASE NOTE AS FOLLOWS	
(1) If you are a resident in an EU country, the EU Savings Tax Directive requires us to provide details of all interest income to the tax authority in your country of tax residence. If you have disclosed to us a personal address in an EU Member State, then we will assume that the Directive applies to you and will comply with our assumed obligations accordingly, unless you are able to satisfy us that you are exempt from the scope of the Directive.,	
(2) The Foreign Account Tax Compliance Act of the USA (FATCA) requires us to report information to the appropriate authority for some clients, if you have any obligation to report your affairs for tax purposes to the US Internal Revenue Service (e.g. because you are a US citizen or the holder of a residency visa in the United States). If you have disclosed to us that you are a US National, or a resident of the United States or the holder of any form of US visa that entitles you to live and/or work in the United States on a permanent basis, then we will assume that FATCA applies to you and will comply with our assumed obligations accordingly, unless you are able to satisfy us that you are exempt from the scope of FATCA.	
If you are in any doubt as to these two matters and how they apply to you, you should seek independent professional advice. The Bank is not able to provide such advice.	
Principal residential address	
Country	
Correspondence address (if different)	
Country	
Length of time at current address	
If less than three years, please specify previous principal residential address	
Country	
Telephone number (day)	
Email address	
Please indicate your preferred method of contact	
Your occupation should be stated avoiding such general titles as 'Director'. If self-employed please provide specific details of your business.	
Occupation	
Nature of business	
Name and address of your employer or your business, or previous employer if retired	
Country	
Number of years employed	
If less than one year, please provide the name and address of your previous employer	
Gross annual salary & currency	•••••
Other annual income & currency	



SECOND NAMED: JOINT APPLICANT

Please provide your legal name
Title Family name
Given name(s)
Phone password for account (no more than 10 characters)
Date of birth
Nationality
Do you hold a USA Green Card?
Country of tax residence
Tax Identification Number (EU residents only)
If you are a resident in an EU country, the EU Savings Tax Directive requires us to provide details of all interest income to the tax authority in your country of tax residence. If you believe you are exempt from the provisions of the EU Savings Tax Directive, please contact us.
The Foreign Account Tax Compliance Act requires us to report information to the appropriate authority for some clients, if you are a tax resident in the USA please contact us.
Principal residential address
Country
Correspondence address (if different)
Country
Length of time at current addressYears
If less than two years, please specify previous principal residential address
Country
Telephone number (day)
Email address
Please indicate your preferred method of contact
Your occupation should be stated avoiding such general titles as 'Director'. If self employed please provide specific details of your business.
Occupation
Nature of business
Name and address of your employer or your business, or previous employer if retired
Country
Number of years employed
If less than one year, please provide the name and address of your previous employer
Gross annual salary & currency



THIRD NAMED: JOINT APPLICANT

Please provide your legal name	
Title Family name	
Given name(s)	
Phone password for account (no more than 10 characters)	
Date of birth	
Nationality	
Do you hold a USA Green Card?	
Country of tax residence	
Tax Identification Number (EU residents only)	
If you are a resident in an EU country, the EU Savings Tax Directive requires us to provide details of all interest income to the tax authority in your country of tax residence. If you believe you are exempt from the provisions of the EU Savings Tax Directive, please contact us.	
The Foreign Account Tax Compliance Act requires us to report information to the appropriate authority for some clients, if you are a tax resident in the USA please contact us.	
Principal residential address	
Country	•••••
Correspondence address (if different)	
Country Postcode	
Length of time at current addressYears Months	
If less than two years, please specify previous principal residential address	
Country	
Telephone number (day)	
Email address	
Please indicate your preferred method of contact	
Your occupation should be stated avoiding such general titles as 'Director'. If self employed please provide specific details of your business.	
Occupation	
Nature of business	
Name and address of your employer or your business, or previous employer if retired	
Country Postcode	
Number of years employed	
If less than one year, please provide the name and address of your previous employer	
Gross annual salary & currency	
Other annual income & currency	



4 Source of wealth of the Applicant(s)

Approximate net worth (excluding principal residence) For joint accounts, please provide a combined figure. Please provide in Pounds Sterling
How was your wealth generated, i.e. what economic activity generated your net worth? Please provide as much relevant information required to substantiate the source of your wealth. Failure to answer this section fully may result in a delay or prevent the opening of your account.
Investments (capital gains)
Sale of property/business (when, name of business, value, address)
Income generation (Including from employment, please give details)
Inheritance/gift (from whom, year received, approximate value in Sterling, how did the giver create their wealth?)
Other (please specify)
In which country/ies was the majority of your wealth generated?
5 Further information
Are you an existing Account holder of Jordan International Bank
If yes, please provide the Account number(s)
Please specify any accounts held with any other Financial Institutions
Bank Names
How did you hear about Jordan International Bank? (please tick the appropriate box)
☐ Existing client, name
☐ Personal recommendation, name
☐ Website, name of website
☐ Publication, name of publication
☐ Other, please specify



6 Declaration, Data Protection and Authorised Signatories

6.1 Terms and Conditions

I/We hereby acknowledge receipt of and confirm that I/we have read, understood and agree to be bound by the Bank's Terms and Conditions together with the Schedule of Charges, as amended from time to time. I/We understand that these materials, together with this Application Form, constitute the Bank's Agreement with me/us to provide its services.

6.2 Completion of this Application Form

I/We declare that the information provided in this Application Form and supporting documents is true, complete and up to date and confirm my/our understanding that the Bank in making its decision to open any Account or provide any other related services will be relying on such information. I/We agree to notify the Bank immediately if I/we become aware of any changes to the information provided in this Application Form.

6.3 Binding agreement

In accordance with clause 2.5 of the Terms and Conditions, I/we acknowledge our obligations to provide various supporting documents and materials there stated; and acknowledge that the Bank's obligation to provide services under this Agreement will not commence until the last date/event stated in clause 2.6 of the Terms and Conditions has passed/taken place.

6.4 Security and provision of information

I/We acknowledge my/our obligation to complete this Application Form accurately to enable the Bank to verify my/our identity. On the opening of an Account with the Bank, I/we agree:

- · that the Bank will not be responsible for providing services to any person other than the account holder(s) using the account
- to keep secure & confidential each and every password I/we designate for use in relation to the Account
- if issued with a cheque book for the Account, to keep it in a safe place known only to me/us, and to immediately report to the Bank its having been lost, stolen or accidentally destroyed
- to take practical steps to ensure that relevant confidential details concerning the Account are shared with as few persons as possible and are not disclosed to persons with no basis for knowing them
- to tell the Bank immediately if I/we think another person has gained access (whether or not authorised) to my/our password or any other security
 details
- that the Bank can refuse to act solely on oral or emailed instructions, and has the right to reverse transactions already undertaken on solely my/our
 instructions communicated orally or via email that have not been confirmed by other means
- to provide the Bank with any additional information or documentation that it may reasonably require from time to time
- to immediately inform the Bank in writing of any changes to my/our personal details

.Signature

6.5 Data Protection Act 1998

I/We understand that the Bank would like to be able to provide me/us with marketing communications from time to time in connection with the Bank's services, which the Bank considers may be of interest to me/us. I/We understand that the Bank may also wish to share details of my/our contact information with selected third parties for a broadly equivalent purpose. I/We accordingly confirm, in conformity with the Data Protection Act 1998, as follows (please tick the boxes that apply):

Act 19	ct 1998, as follows (please tick the boxes that apply):				
/We	□ do agree	☐ do not agree	to the Bank sending me/us marketing communications		
/We	□ do agree	☐ do not agree	to the Bank sharing my/our contact information with third parties		
6.6 Au	thorised signa	tories			
ignate o the	ories, using the	signature(s) given belo	uctions which it reasonably believes have been issued by any of the authorised w, which will be valid for all transactions between me/us and the Bank in relation authorised signatory will remain valid until revoked by notice to the Bank sent by		
	we hereby confirm that instructions provided to the Bank and cheques drawn on the Account shall be treated by the Bank as valid where exhibiting, rom among the list of authorised signatories:				
All si	ne signature; or gnatories jointly; or er, please specify				
APPLICATION AND DECLARATION SIGNED BY:					
ate			Signature		
rint	name				
ate			Signature		
rint	name				

Date

name



Indemnity to operate your account by fax / telephone and / or email

NOTE – the operation of accounts by instructions communicated via fax/phone/email offers you, the Account holder, the practical option of providing instructions to the Bank swiftly. But these means of communication carry greater risks than the provision of instructions by post or in person. The Bank is prepared to accept your instructions by fax, telephone or email, and to implement these instructions to our order. However, to protect the Bank from exposure to the greater risk of transaction failure or other loss to your Account, the Bank requires you to provide it with this indemnity. You do not have to do so; however, if you are not prepared to do so, then the Bank will not be able to accept instructions from you other than face to face or in normal postal correspondence. I/We hereby authorise Jordan International Bank to accept instructions given by, or appearing to the Bank to be given by myself/ourselves by fax, telephone or email transmission for the operation of my/our bank account(s) (the 'instructions'). I/We hereby indemnify fully and effectually and hold harmless the Bank, its Directors, Officers and Employees in respect of any claims, costs, expenses, demands or suits made against, or incurred by the Bank by reason of the Bank having accepted and acted upon the instructions. I/We confirm that I/we understand the legal implications of signing this Indemnity and I/we confirm that I/we have either taken independent legal advice or have been offered the opportunity to do so and have declined to do so out of my/our own free will. I/We note below the following phrase/password unique to me/us which I/we will use in communication to the Bank at any time to assist the Bank in verifying my/our identity. I/We confirm that the above authority to the Bank and Indemnity in favour of the Bank are not limited, cancelled or annulled in any way by the reliance or non-reliance by the Bank on the phrase/password being used in, or being omitted from any communications I/we may make to the Bank at any time. For the avoidance of doubt, I/we understand that the Bank shall not be obliged to place absolute reliance on the phrase/password in establishing my/our identity and the veracity of my/our instructions, and that the Bank, when acting in its discretion and for my/our intended benefit as far as reasonably possible, may ignore the use of or the omission of the use of the phrase/password by me/us in any communication to the Bank. I/We agree to notify the Bank of a new or replacement phrase/password if the Bank notifies me/us that the Bank considers that the phrase/password I/we have provided has become compromised or appears to be being used by a person the Bank believes not to be me/us. I/We understand that in such circumstances, should I/we fail to provide a replacement phrase/password to the Bank, the Bank shall be entitled to suspend all arrangements under which I/we would otherwise notify instructions to the Bank by phone, fax or email. Designated email address that Jordan International Bank will receive instructions from; UNIQUE PHRASE/PASSWORD (MINIMUM 6, MAXIMUM 15 LETTERS/SPACES; PLEASE COMPLETE IN BLOCK CAPITALS) Password hint All Applicants must sign below

Important: failure to sign, enter a valid unique phrase/password and return this indemnity means we cannot accept instructions from you by signed email transmission.

Signature

...... Date

Third Applicant name

Signature...



8 Customer due diligence requirements

In line with the current anti-money laundering regulations the Bank has a legal obligation to verify the identity and permanent address of all new clients. In order to fulfil that obligation, all Applicants must supply the following documents specified below – tick the appropriate boxes to confirm that all Applicants have completed each requirement.

For each Applicant, you are required to submit two different documents, which must be either originals or appropriately certified copies (see pages 9 & 10).

One document from List 1 & One document from List 2;

List 1: Proof of name and date of birth

Please provide one of the following documents for each Applicant to prove your identity. The name on the documents must match the name on the application form.

Certified copy of unexpired passport clearly showing its number and country of issue, your photograph, name, date of birth and signature (which must agree with the details on the application), and its expiry date.

Certified copy of unexpired National Identity Card or Driver's Licence clearly showing its number and country of issue, your photograph, name, date of birth and signature (which must agree with the details on the application), and its expiry date.

Where the ID card does not bear a signature, the copy of the ID card must be signed by the Applicant in the presence of the certifier.

List 2: Proof of residential address

Please provide one of the following documents for each Applicant to prove your principal residential address. The name and address on the documents must match the name and address on the application form.

An original or certified copy bank statement. This must not be older than three months from date of receipt by the Bank and should show at least one month's current account activity. The statement should not be a savings account.

An original or certified copy of a credit card statement from a reputable lender. This must not be older than three months from date of receipt by the Bank and should show at least one month's account activity.

An original or certified copy of a utility bill, such as gas, water, council tax, electricity, telephone (mobile phone bills are not acceptable). This must not be older than three months from date of receipt by the Bank.

PO Box addresses

Documents confirming an address that list a PO Box should show a supply address for service which is the residential address provided or certified evidence linking the PO Box to that. Alternatively you may provide us with an original or certified copy of a letter from a director or officer of a well-known overseas employer that confirms the principal private residence at the stated address (or provides detailed directions to locate the stated address); or an original or certified copy of a letter of introduction from a regulated financial services business confirming the stated address as the principal private residence.

Please note: where the documents supplied are not written in English, Jordan International Bank will be required to have these documents translated. A charge for this translation will be passed on to the client.

Further notes: please read

- (1). We reserve the right to seek additional proof of identity, if we consider it necessary. In accordance with our obligations under the Money Laundering etc. Regulations 2017, we may in fact be obliged to do this in specific cases, and will discuss this with Applicants individually where this appears to us to be necessary.
- (2). Please take care to ensure that reproductions of photographs are clear and legible.
- (3). Please speak with us if your circumstances prevent you from providing any of the forms of photo-I/D in List 1 above. In exceptional cases, other forms of photo-I/D may be acceptable, for example a very recently expired passport that clearly indicates all of the identification information which we would otherwise expect a current passport to disclose.

CHECKLIST

Please tick to confirm the following before sending your application
\Box Have all Applicants fully completed all of the questions in each section, including the source of wealth and source of funds
☐ Have all parties to the Account signed the declaration
$\ \square$ Have you enclosed two different documents to prove the identity of each Applicant
☐ If required, have you completed the fax / telephone / email indemnity
☐ Proof of name and date of birth
☐ Proof of residential address



Certification of personal documents

For certifications to be effective the certifier must be subject to professional rules of conduct. The certifier must be a person/ organisation of reputable standing who is independent of the Applicant(s) and who has no family connection with Applicant(s) wishing to open the Account.

A suitable certifier must clearly certify that:

- they have seen the original documentation which verifies identity and/or residential address;
- the copy of the document (which they certify) is a complete and accurate copy of that original; and
- where the documentation is to be used to verify the identity of an individual and contains a photograph, the photograph contained in the document certified, bears a true likeness to the individual requesting certification, or use wording to the same effect

The certifier must also sign and date the copy document including their printed name, and provide adequate information so that they may be contacted in the event of a query.

Example of certification

"I certify that this is a complete and accurate copy of the original passport presented to me by [insert name of individual] whom I have met face to face and that the photograph bears a true likeness to that individual.

Printed name of certifier			Signature of certifier
Address	of	certifier	
Qualificat	tion/i	profession	al hody of certifier: Date

The following is a list of examples of suitable certifiers:

- a member of the judiciary, senior civil servant, serving police or customs officer
- · an officer of the embassy, consulate or high commission of the county or territory of issue of documentary evidence of identity
- a lawyer in practice or notary public
- · an actuary or accountant who is a member of a recognised professional body
- a member of the Institute of Chartered Secretaries and Administrators or equivalent
- a director or officer of a regulated financial services business or a regulated financial services business itself

As noted above, however, the certifier must be subject to professional rules of conduct. The Bank reserves the right to require alternative or additional evidence of identity. Please speak to the Bank if for any reason you consider that it is unlikely you will be able to obtain a certification from any of the categories above.

DISPENSING NOTICE

10.	Almack House 26-28 King Street				
	London SW1Y 6QW				
Account	Name				
Account	Number				
	erence to the above account, pursuant to section 185(2) one/us with separate periodical statements of account.	of the Consumer	Credit Act 19	74, please do not comp	oly in my/our case with the need to
This Dispe	ensing Notice will remain in force until I/we give written	revocation.			
INSTRU	CTIONS				
Signed		Dated	/	/	
Full Nam	e				
Signed		Dated	/	/	
Full Nam	۵				