

# Customer Information Form - Individual

(One for each individual account holder - All fields are mandatory)

Branch  Date   
D D M M Y Y

CIF number

## Personal Details

Title  Mr  Mrs  Ms  Others   Resident  Non Resident

Name (as per passport)     
First Name Middle Name Last Name

Mother's maiden name  Date of birth   
D D M M Y Y

Nationality  Country of residence

Gender  Male  Female Marital status  Married  Single  Other

Passport No  Expiry date  Issued at   
D D M M Y Y

Resident visa no  Expiry Date   
D D M M Y Y

Labour card no  Expiry date   
D D M M Y Y

UAE national id  Expiry date   
D D M M Y Y

Education level  High school  Diploma  Graduate  Post graduate  Professional Family size (No. Of dependants)

You prefer to be contacted in  Morning  Afternoon  Evening  Business  Home

Prefer to be contacted by  Phone  Mobile  E-mail  Fax

## Employment Details (this section is applicable only for salaried individuals)

Employer name

Organisation type  Government  Semi government  Private Designation

Date of joining  Salary (AED)  Other income (AED)   
D D M M Y Y

**Employer address**

Building name  Flat number / Villa number

Street name  Country / Emirate

P.O. Box  City  Nearest landmark

## Self Employed (this section is applicable only for self employed individuals)

Business name

Years in business  Annual business turnover (AED)  Other income (AED)

No of staff  Annual personal income (AED)  Nature of business

**Business Address**

Building name  Flat number / Villa number

Street name  Country / Emirate

P.O. Box  City  Nearest landmark

List of major suppliers / Customers  
(With country names)

## Contact Details

### Residential Address in UAE / Country of Residence (in case of non-residents)

Building name	<input type="text"/>	Flat number / Villa number	<input type="text"/>
Street name	<input type="text"/>	Country / Emirate	<input type="text"/>
P.O. Box	<input type="text"/>	City	<input type="text"/>
		Nearest landmark	<input type="text"/>

### Permanent address (Home country) with nearest landmark

<input type="text"/>
<input type="text"/>

Telephone <small>(Res)</small>	<input type="text"/>	Telephone <small>(Mobile)</small>	<input type="text"/>
Telephone <small>(Office)</small>	<input type="text"/>	Telephone <small>(Home country)</small>	<input type="text"/>
Fax No. <small>(Office)</small>	<input type="text"/>	Fax No. <small>(Home)</small>	<input type="text"/>
E-mail address	<input type="text"/>		

Preferred correspondence address  Work  Home

Purpose of opening the account  Receipt of salary  Loan repayment  Savings  Others

Car owner  Yes  No

House ownership status  Owned  Rented  Company provided at this address since   
M M Y Y

	Cash transactions	Cheque transactions	Remittances
Purpose / Reasons			
Maximum number credits/debits expected in a month			
Total amount expected in a month - debits/credits			
Maximum single amount of transaction in a month - debits/credits			
Countries remitting to and receiving from	NA	NA	

	Name of the Bank	Account name	Account number	Products held
Other Bank accounts held				

### Acknowledgement / Declaration

I/We hereby authorize and request National Bank of Fujairah PSC to open an account as per the details given above.

I/We hereby declare that the information provided above is accurate, true and complete and that I/We have received, read, accepted and signed the terms and conditions that was provided to us by the Bank. I/We further agree to abide with any other additional terms and conditions relating to any other products availed by me/us through the Telephone, Internet, ATM or any other alternate channels introduced by the Bank from time to time.

Signature of Account Holder\*  Date   
D D M M Y Y

### For Bank use only

The above customer has signed in my presence

Signature of the account holder  Date   
D D M M Y Y

Source  Branch  Campaign  Referral  Others

CIF number  Any waiver approval details

Form received  Opened on   
D D M M Y Y

Account opened by (Maker name and ID)

Account authorised by (Maker name and ID)

Company code (for salary)  CIF linked

Checks performed  World check  CB UAE  Others

Any other comments  Confirmation from Compliance



**Deposit** (Opening / Maintenance)

Request type  New deposit  Maintain an existing deposit

**Account type / Details (I wish to open the following accounts)**

Fixed deposit  On demand deposit  Dream deposit  Others (pls specify)

Deposit amount  Currency

Amount in words

Monthly installment amount  AED  
*(applicable for dream deposit)*

Tenor  Days  Months  Years

Mode of operation  Single  Joint  Either  Others

Mode of payment  Cash  Cheque

Debit account number  Interest rate

**Maturity / Maintenance instructions**

Rollover principal with accrued interest for the same tenor at the prevailing rate of interest (not applicable for Dream deposit)

Rollover only principal *(for same tenor)* and credit interest to account number   
*(NA for dream deposits)*

Principal and accrued interest to be credited to account number

**Acknowledgement / Declaration**

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Date   
D D M M Y Y

Signature of the account holders \*

First account holder  Second account holder  Third account holder

Name  Name  Name

\* Mandatory fields

\*\* Note: Please refer to the Bank schedule of charges for applicable services.

**For Bank use only**

The above customer has signed in my presence  Date   
*Signature of the Bank staff*

Reason for waiver of minimum balance  
 Salary transfer amount   
 Deposit or loan relationship amount

Source  Branch  Campaign  Referral  Others

Account opened by *(Maker name and ID)*   Account authorised by *(checker name and ID)*

Company code *(for salary)*  CIF linked