

ACCOUNT OPENING FORM FOR BUSINESS ENTITIES

Date:

Details of Entity

Legal Name of Entity: _____

Commercial Registration Number _____ Commercial Registration Issue Date: _____

Commercial Registration Expiry Date: _____ Date of Incorporation: _____

Oman Chamber of Commerce & Industry Registration No.: _____

Country of Incorporation _____ Country of Residency _____

VAT TIN No. _____

Nature of Business Activity _____

Legal Entity Type Limited Liability Company Public Joint Stock Company Closed Joint Stock Company
 General Partnership Limited Partnership Joint Venture Company
 Government Quasi-Government Sole proprietorship

Others

Please explain: _____

Entity Contact Details

Name of Contact Person: _____

P.O. Box: _____ Postal Code: _____ City: _____

Country: _____ Way Number: _____ Building Number: _____

Office Number: _____ Landmark: _____

Telephone: _____ Mobile: _____ Email: _____

Account Details

Account Type: Current Account Call Account

Account Currency: OMR (Omani Rial) Others: _____

Deposit Accounts:

Fixed Time Deposit Special Time Deposit

• Currency: OMR (Omani Rial) Others: _____

Politically Exposed Person (PEP) Declaration

PEP Family Member and Close Associates should at least have answer for the following questions:

1	Are any of the company's shareholders a current or former politically exposed person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, a: <input type="checkbox"/> Omani PEP <input type="checkbox"/> Foreign PEP <input type="checkbox"/> International Organization PEP <input type="checkbox"/> NGO	
2	Are any of the company's shareholders a Family Member of a current or former PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	Are any of the company's shareholders a Close Associate of a current or former PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, Please describe relation with the PEP:	

Politically Exposed Person (PEP) Details

If you have specified any of the shareholders as PEP based on the defined criteria then please provide name and position of the Close Associate / Family Members in the table below:

No.	Name	Position	Period
1			
2			
3			
4			

FATCA Information

For Foreign Account Tax Compliance Act (FATCA) purposes, all entities (i.e. corporates and financial institutions) must be classified into specific categories. Please indicate which category applies to your entity by ticking only one "Yes" of the following. Note: This section is only applicable for corporates which are not one person company.

US Corporates & US Financial Institutions (Tick the appropriate box please)		
1. Are you a US National / Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a US Resident who is not a US National / Citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Non-US Financial Institutions		
3. Are you a Financial Institution in an Inter-Governmental Agreement (IGA) Country	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you a Participating Non-US Financial Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you a Deemed Complaint Non-US Financial Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. Registered Deemed Compliant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Certified Deemed Compliance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. Are you a Non-Participating Non-US Financial Institution?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Exempt Entities		
7. Are you a an Exempt Beneficial Owner	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please present W9 form if any of the above answers is a yes. Otherwise, please present W-8BEN-E form.

Other Entities

Please provide in full the details requested in the table below of any US Controlling Persons, i.e. any individuals who are either a US citizen or a resident in the US for tax purposes, who hold more than 10% stake in the Non-Financial Non-US Entity by vote or value

US Controlling Person's Name 1													
Apartment/Suite No.					Building Name/Number								
Street Name					City								
State					Postal/Zip Code								
US Tax Identification Number (TIN) of the individual US Controlling Person													
US Controlling Person's Name 2													
Apartment/Suite No.					Building Name/Number								
Street Name					City								
State					Postal/Zip Code								
US Tax Identification Number (TIN) of the individual US Controlling Person													

Common Reporting Standards (CRS) Particulars

Please complete the self-certification form below. As per the internationally agreed standard developed by the **Organization for Economic Co-operation and Development (OECD)**, this form is used to collect and report certain information about an account holder's tax residence.

All information in this form is mandatory and must be completed in full.

CRS Entity Type – Part 1

Please provide the account holder's status by ticking one of the following boxes

1. Financial Institution

- a. Financial Institution – Investment Entity
- i. An investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (Note: if you tick this box, please complete part 2 below)
 - ii. Other Investment Entity
- b. Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary Identification Number ("GIIN") obtained for FATCA purposes.

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- c. Active NFE (Non-Financial Entity) – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

If you have ticked (c), please provide the name of the established securities market on which the corporation is regularly traded:

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If you are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the Entity in (c) is a Related Entity of:

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- d. Active NFE (None-Financial Entity) – a Government Entity or Central Bank
- e. Active NFE – an International Organization
- f. Active NFE – other than (c)-(e) (for example a start-up NFE or a non-profit NFE)
- g. Passive NFE (Note: if you tick this box, please complete part 2 below)

2. If you have ticked 1(a)(i) or 1(g) above, then please:

a. Indicate the name of any Controlling Person(s) of the Account Holder

b. Complete 'Controlling Person tax residency self-certification' for each Controlling Person.

Note: A controlling person is a natural person who exercises control over the Account Holder. If the account has more than one controlling person, please fill out the Controlling Person tax residency self-certification form for all controlling persons.

CRS Entity Type – Part 2

Country/Jurisdiction of Residence for Tax Purposes and related Taxpayer Identification Number or equivalent number ("TIN")

Please complete the following table indicating:

- (i) where the Account Holder is tax resident
- (ii) The Account Holder's TIN for each country/jurisdiction indicated

If the Account Holder is tax resident in more than three countries/jurisdictions, please use a separate sheet

If a TIN is unavailable, please provide the appropriate reason A, B or C where indicated below:

- Reason A** The country/jurisdiction where the Account Holder is resident does not issue TINs to its residents.
- Reason B** The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)
- Reason C** No TIN is required. (Note. Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	Taxpayer Identification Number (TIN)	If no TIN available enter reason A, B or C	If Reason B Selected, Please Explain

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason B above.

Authorized Signatories (Persons authorized to open and operate the account)

SI No.	Name	Designation	Singly / Jointly	Specimen Signature

Declaration

- We hereby certify the information we have provided in this form is true, correct, accurate and complete. We hereby confirm that under no circumstances whatsoever shall Oman Investment Bank, its employees or any of its related parties be liable for any type of damages whether direct, indirect, incidental, consequential or punitive that may result in any way or form from their reliance on the information that we have provided. We shall indemnify Oman Investment Bank against any loss, damage or claim whether judicial or otherwise, incurred due to any false, incorrect, inaccurate or misrepresented facts provided by us as part of the form.
- We hereby certify that the details mentioned in the entity contact details are of a person who is authorized to send and receive any notifications or communications from Oman Investment Bank on our behalf.
- We have provided this information including the FATCA Self Certification, CRS and the details on ultimate beneficial owners, willingly and without advice or help from Oman Investment Bank and that the information is true, correct, accurate and complete. We understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of our application or other appropriate action taken against us.
- We have read and obtained a copy of the General Terms and Conditions as attached to this Account Opening Form which is also available in <https://www.oib.om>, governing this application. We have also read the Tariff of Charges available on <https://www.oib.om> and understand its applicability to our account, subject to written confirmation on any changes.
- We understand that the information supplied by us is covered by the full provisions of the General Terms and Conditions governing the account holder's relationship with Oman Investment Bank setting out how Oman Investment Bank may use and share the information supplied by us.
- We acknowledge that the information contained in this form and information regarding the account holder and any reportable account(s) may be reported to the tax authorities of the country and/or jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country and/or jurisdiction or countries/jurisdictions in which the Account Holder may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- We undertake to advise Oman Investment Bank within 30 days of any change in circumstances which affects the tax residency status of the account holder identified in this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on authorized persons and ultimate beneficial owners), and to provide Oman Investment Bank with a suitably updated self-certification and declaration within 90 days of such change in circumstances.

Name: Legal Capacity/Status: Date:	Signature:
Name: Legal Capacity/Status: Date:	Signature:

For Bank Use Only

Client CIF: <input type="text"/>
Opened & Entire by:
Verified by:
Authorized by:
RM Name:
Date: