



ACCOUNT OPENING FORM FOR BUSINESS ENTITIES

Date:

Details of Entity

Legal Name of Entity :

Commercial Registration No.: Commercial Registration Issue Date:

Commercial Registration Expiry Date: OCCI Registration No. (For local entities):

Date of Incorporation : Country of Incorporation:

Country of Residency : VATIN No.:

Nature of Business Activities:

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 the Contact Person:

P.O. Box: Postal Code: City:

Country: Way No.: Building No.:

Office No.: Landmark:

Telephone No.: Mobile: Email:

Account Details

Account Type : Current Account Call Account

Account Currency : OMR (Omani Rials) Others:

Account Purpose :

Deposit Accounts : Fixed Time Deposit Special Time Deposit

Currency : OMR (Omani Rials) Others:



Amount :

Amount in words :

Time Deposit Period : months

Profit Pay-Out (Applicable only for Special Time Deposit):

Monthly Quarterly Semi-Annually Annually

Account Renewal : Yes No

Profit Pay-out Account :

E-Statement : Yes No

Internet Banking : Yes No

Please fill in the Internet Banking Form in case the selection is Yes.

Financial Profile

Capital : Authorized Capital :

Paid Up Capital : Issued Capital :

Annual Turnover : Source of Income :

Estimated Annual Account Activity:

Information of Beneficiaries

Please list below the details of all the major suppliers and buyers along with their geographical locations:

Name of Beneficiary	Geographical Location	Relationship with beneficiary
.....
.....
.....
.....
.....



Shareholder Information & Politically Exposed Persons (PEPs)

Politically Exposed Persons (PEPs) include any natural person, whether as customer or beneficial owner, who is or was entrusted with a prominent public function in the Sultanate of Oman or in a foreign country, such as Head of States or of governments. Senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, and important political party officials; or entrusted with a prominent function by an international organization, such as directors, deputy directors and members of the board.

The term PEPs also include immediate family members and close associates. Close associates include widely and publicly known close business colleagues or personal advisors or any persons who are in position to benefit significantly from close business associations with the politically exposed person. Family members include the parents, siblings, children, spouse and in-laws of a politically exposed person.

Name of Shareholder	Nationality	Identification No. or Passport No.	Date of Birth	Percentage holding in Entity	PEP
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Note: In case of more than 5 shareholders, please fill additional sheet



Politically Exposed Person (PEP) Declaration

1	Are any of the company's UBOs or Executive Management a current or former politically exposed person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, <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 UBOs or Executive Management a Family Member of a current or former PEP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If yes, please describe relation with the PEP:	

If you have specified PEP Family Member and Close Associates, please answer for the following set of questions.

Politically Exposed Person (PEP) Details

If you have specified any of the UBOs or Executive Management 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 Compliant? <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 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	<input type="text"/>
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	<input type="text"/>



Common Reporting Standards (CRS) Particulars

Please complete the self-certification form below. In accordance with 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’ Form 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 box 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	ID No. or Passport No.	Designation	Singly or 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 the Bank, its employees or any of its related parties be liable for any losses and/or 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 the Bank against any losses, damages or claims whether judicial or otherwise, incurred due to any false, incorrect, inaccurate or misrepresented facts provided by us as part of the Professional Investor Profile Form.
- We hereby certify that the contact details provided herein are of a person(s) who is/are authorized to send and receive any and all notifications or communications from the 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 the 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 Terms and Conditions as attached to this Professional Investor Onboarding Form that govern this form and the services provided by the Bank. We have also read the charges and fees Appendix attached to the Terms and Conditions and understand its applicability to us, subject to written confirmation from the Bank on any changes.
- We understand that the information supplied by us is governed by the provisions of the Terms and Conditions governing the investor's relationship with the Bank and setting out how the Bank may use and share the information supplied by us.
- We acknowledge that the information contained in this Professional Investor Onboarding Form may be reported to the tax authorities of the country and/or jurisdiction in which this information is maintained and exchanged with tax authorities of another country and/or jurisdiction or countries/jurisdictions in which it may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- We undertake to advise the Bank within thirty (30) days of any change in circumstances which affects the tax residency status of the information 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 the Bank with an accurately updated self-certification and declaration within ninety (90) days of such change in circumstances.

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



For Bank Use Only

Client CIF	:	<input type="text"/>
Client Non-MOCI ID	:	<input type="text"/>
Completed by	:	<input type="text"/>
Approved by	:	<input type="text"/>
Operations Authorization	:	<input type="text"/>
Relationship Manager	:	<input type="text"/>
Date	:	<input type="text"/>