

# **ACCOUNT OPENING FORM FOR BUSINESS ENTITIES**

Date:		
Details of Entity		
Legal Name of Entity	:	
Commercial Registration	n No.:	Commercial Registration Issue Date:
Commercial Registration	n Expiry Date:	OCCI Registration No. (For local entities):
Date of Incorporation	:	Country of Incorporation:
Country of Residency	:	VATIN No.:
Nature of Business Activ	vities:	
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):	
<b>Entity Contact De</b>	tails	
Name of the Contact Pe	erson:	
P.O. Box:	Postal Code:	City:
Country:	W	/ay No.: Building No.:
Office No.:	Li	andmark:
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	Yes No										
Profit Pay-out Account	:											
E-Statement	: Yes No	0										
Internet Banking Please fill in the Internet Banking	: Yes No	0										
Financial Profile												
Capital	:		Authori	zed Ca	pital		:					
Paid Up Capital	:		Issued Capital					:				
Annual Turnover	:		Source of Income					:				
Estimated Annual Accour	nt Activity:											
Information of Ber	neficiaries											
Please list below the deta	ails of all the major supplier	rs and buye	rs along	with th	eir geo	grap	hical I	ocation	ns:			
Name of I	Beneficiary	Geor	graphica	Llocat	tion	i	Relat	tionshi	p with	hene	ficiary	
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### **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
		,    - 			Yes No
					Yes No
	 		 	 	Yes No
				 	Yes No
					Yes No
				 	Yes 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?	Yes No
	If yes, Omani PEP Foreign PEP International Organization PEP NGO	
2	Are any of the company's UBOs or Executive Management a Family Member of a current or former PEP?	Yes 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.

	corporates & os i maneiai mistica							,							
1	Are you a US National / Citizen?												Yes		No
2	2 Are you a US Resident who is not a US National / Citizen?									Yes		No			
No	on-US Financial Institutions														
3	Are you a Financial Institution in	an Inte	r-Gove	rnmental	l Agr	eeme	ent (IC	GA) Co	untry	?			Yes		No
4	Are you a Participating Non-US F	nancia	l Institu	ution?									Yes		No
5	-¦	n-US F	inancia	l Instituti	on?								Yes	<b>1</b>	No
	- - A. Registered Deemed Compliar	nt?										- <del></del> -	Yes		 No
	B. Certified Deemed Compliant	?											Yes	- <u></u> -	 No
6	Are you a Non-Participating Non-	· US Fin	ancial I	 nstitutior	า?								Yes	   	 Vo
Exc	empt Entities														
7	Are you an Exempt Beneficial Ow	ner?											Yes		No
	1														
Please	er Entities e provide in full the details requested citizen or a resident in the US for tax ue:														
US	Controlling Person's Name 1														
Ар	artment/Suite No.	,		<del>-</del>	Bui	lding	Name	e/Nun	ber						
Str	reet Name			<del> </del> -   	City										
Sta	ate				Pos	tal/Zi	p Cod	le							
	Tax Identification Number (TIN) of individual US Controlling Person														
US	Controlling Person's Name 2														
Ар	artment/Suite No.			<del>-</del> - ! !	Bui	lding	Name	e/Nun	ber		,				
Str	eet Name				City	/									
Sta	ate				Pos	tal/Zi	p Cod	le		7					
US the	Tax Identification Number (TIN) of e individual US Controlling Person														



### **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 yo	ou have ticked (a) or (b) above, please provide, if held, the Account Holder's Global Intermediary									
Ider	ntification Number ("GIIN") obtained for FATCA purposes.									
	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 vo	ou have ticked (c), please provide the name of the established securities market on which the corporation									
	gularly traded:									
13 1 0	guidity traded.									
If vo	ou are a Related Entity of a regularly traded corporation, please provide the name of the regularly traded									
-	poration that the Entity in (c) is a Related Entity of:									
COIP	Notation that the Entity in (6) is a related Entity of									
	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:									
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	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 jurisdictiondoes 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
1					



#### **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 mispresented
  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 on www.oib.om, governing this application. We have also read the Tariff of Charges available on 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 and 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 thirty (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 ninety (90) days of such change in circumstances.
- We hereby declare that, prior to opening the current/call account, we will obtain and submit a no-objection letter from our key lending bank(s) in the event that our aggregate credit facilities with banks amount to OMR 1 million or more. Furthermore, we undertake to promptly notify Oman Investment Bank should our total aggregate credit facilities with our banks reach or exceed OMR 1 million at any time.

STAI



Name: Legal Capacity/Status: Date:	Signature:
Name: Legal Capacity/Status: Date:	Signature:
For Bank Use Only	

Client CIF	:			
Client Non-MOCI ID	:			
Completed by	:			
Approved by	:			
Operations Authorization	n :			
Relationship Manager	:			
Date	:			