

how can we help you?

		nent that, when taking up all requested details, eve			information we hold a	bout all joint account
Should you require any as	sistance with	the completion of this form	n, please contact your b	oanker or the FNBCI Servi	ce Suite	
SA local: SA international: UK/Guernsey: Email:	+4414	0 6010 11 369 1500 81 748 138 bci.co.uk				
Please fill in the acco	ount numbe	er of currently existing	g joint account			
Account number:						
Product Selection	on					
Please indicate	your choi	ce of account ar	id currency bel	ow*:		
Current Account - Only Available in Sterling						
Call Account		Sterling	Euro	US Dollar		
🗌 32 Day Notice		Sterling	Euro	US Dollar		
Please indicate	your choi	ce of account, c	urrency and sa	vings term belov	Ν.	
Fixed Deposit	Perioc	I				
	3 Mont	ns 6 Months	12 Months	18 Months	24 Months	36 Months
	3 Mont	ns 🗌 6 Months	12 Months	18 Months	24 Months	36 Months
	3 Mont	ns 6 Months	12 Months	18 Months	24 Months	36 Months
*Please note an FNBCI Current / Call Account must be opened in order to fund the 32 day Notice / Fixed Deposit Account. FNBCI Current / Call Account to be in the same currency as the 32 Day Notice / Fixed Deposit Account.						

Interest Instruction

○ Capitalise Interest

O Pay interest to FNBCI Current Account

O Pay interest to FNBCI Call Account

○ I would like to zero rate the credit interest on my accounts

** Please note that by selecting the zero credit interest option, you will not earn any interest on the above selected accounts **

** Please note this is not a Shari'ah compliant account **

Please indicate the nominated FNBCI account**

- Current Account
- Call Account

**Nominated account is an FNBCI account that funds are to be paid out to when notice is up or on maturity of the 32 day / Fixed Deposit Account.

Statement frequency

Quarterly

Member 1

Reconfirmation of personal informat	ion
Client name:	Date Y Y Y Y M M D D
Nationality:	ID/Passport number:
Do you hold dual / multiple nationality/citizenship?	○ Yes ○ No
If yes, please give details below:	
Residential Address:	Postal Address: Same as Residential Address
Street Address:	PO Box Number:
Suburb:	Suburb:
City:	City:
Country:	Country:
Postal Code:	Postal Code:
Employment information	
Employment Status: Permanent C S	elf-Employed C Contract C Unemployed Retired
Permanent	
Employer Name:	Occupation:
Gross Annual Income:	Currency: Number of months employed:
Nature of Business:	
If with present employer for less than 6 months, please also	o supply details of previous employment:
Self-Employed	· · · · · · · · · · · · · · · · · · ·
Company Name:	Occupation:
Nature of Business:	
Gross Annual Income:	Currency: Number of months employed:

Unemployed

If unemployed, please state reasons of unemployment, previous occupations, employers and nature of business:

Employer Name:		Occupation:	
Gross Annual Income:	Currency:	Number of months employed:	
Nature of Business:			
If with present employer for less than 6 month	s, please also supply details of previous empl	oyment:	

Retired

If retired, please state previous occupations and employers:

Employer Name:		Occupation:
Gross Annual Income:	Currency:	Number of months employed:
Nature of Business:		Number of months retired:
If with previous employer for less than 6 more	nths, please also supply details of employment be	fore:

Tax information		
Country of Domicile:	Country of Tax Residence:	
Tax Identification Number (TIN):		
National Insurance Number (NINO) if applicable:		
Social Security Number (SSN) if applicable:		
Are you a US Green Card Holder?	◯ Yes ◯ No	
Are you registered for tax in multiple jurisdictions? If so, p	lease give details below:	
Country	TIN	
PEP (Politically Exposed Person)		
Are you, or have you, or any of your family or close associates	ever been a PEP? Yes No	
If the answer to the above is yes, please provide details		

 PEP means, without limitation, heads of state or heads of government, senior politicians and other important officials of political parties, senior government officials, senior member of the judiciary, senior military officers; and senior executives of state owned body corporates; this includes a person who is, or has been at any time, entrusted with a prominent function by an international organization (e.g. UN, NATO, World Bank).

2. Family means parents, brothers, sisters, spouse, partner, children, grandparents, grandchildren, aunts, uncles, nieces, nephews, brothers-in-law, sisters-in-law, parents-in-law.

3. Close associate means a person who is widely known to maintain a close business relationship with a PEP, or a person who is in a position to conduct substantial financial transactions on behalf of a PEP.

What are the main reasons for opening the account (e.g. diversify currencies, savings, investments, overseas use)?

What is the total anticipated value of deposits in the first 12 months?

What is the total **expected** annual value of deposits to this account(s) thereafter?

Member 2

Reconfirmation of personal information				
Client name:		Date Y Y Y Y M M D D		
Nationality:	ID/Passport number:			
Do you hold dual / multiple nationality/citizenship?	Yes 🔿 No			

If yes, please give details below:

Residential Address:	Postal Address: Same as Residential Address		
Street Address:	PO Box Number:		
Suburb:	Suburb:		
City:	City:		
Country:	Country:		
Postal Code:	Postal Code:		

Employment information						
Employment Status:	Permanent 🔿	Self-Employed	Contract 🔿	Unemployed	Retired	
Permanent						
Employer Name:			C	Occupation:		
Gross Annual Income:		Currency:	Ν	lumber of months employed:	:	
Nature of Business:						
If with present employer f	or less than 6 months, plea	se also supply details of previo	ous employment:			

Self-Employed

Company Name:		Occupation:	
Nature of Business:			
Gross Annual Income:	Currency:	Number of months employed:	

Gross Annual Income:

If self-employed for less than 6 months, please also supply details of previous employment:

Unemployed

If unemployed, please state reasons of unemployment, previous occupations, employers and nature of business:

Contract			
Employer Name:		Occupation:	
Gross Annual Income:	Currency:	Number of months employed:	
Nature of Business:			
If with present employer for less than 6 mo	nths, please also supply details of previous emp	loyment:	

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ne	:u	re	u

If retired, please state previous occupations and employers:

Employer Name:		Occupation:
Gross Annual Income:	Currency:	Number of months employed:
Nature of Business:		Number of months retired:
If with previous employer for less than 6 months, please also supp	ly details of employment before:	

Tax information

Country of Domicile:	Country of Tax Residence:
Tax Identification Number (TIN):	
National Insurance Number (NINO) if applicable:	
Social Security Number (SSN) if applicable:	
Are you a US Green Card Holder?	⊖Yes ⊖No
Are you registered for tax in multiple jurisdictions? If so, p	ease give details below:
Country	TIN

FirstRand Bank Limited Guernsey Branch trading as FNB Channel Islands is regulated by The Guernsey Financial Services Commission and licensed under The Banking Supervision (Bailiwick of Guernsey) Law, 2020. Business address: La Plaiderie House, La Plaiderie, St Peter Port, Guernsey, GY1 4NL.

INITIALS

PEP (Politically Exposed Person)			
Are you, or have you, or any of your family or close associates ever been a PEP?	Yes 🔿	No 🔿	
If the answer to the above is yes, please provide details			

1. PEP means, without limitation, heads of state or heads of government, senior politicians and other important officials of political parties, senior government officials, senior member of the judiciary, senior military officers; and senior executives of state owned body corporates; this includes a person who is, or has been at any time, entrusted with a prominent function by an international organization (e.g. UN, NATO, World Bank).

2. Family means parents, brothers, sisters, spouse, partner, children, grandparents, grandchildren, aunts, uncles, nieces, nephews, brothers-in-law, sisters-in-law, parents-in-law.

3. Close associate means a person who is widely known to maintain a close business relationship with a PEP, or a person who is in a position to conduct substantial financial transactions on behalf of a PEP.

Purpose of account:

What are the main reasons for opening the account (e.g. diversify currencies, savings, investments, overseas use)?

What is the total anticipated value of deposits in the first 12 months?

What is the total **expected** annual value of deposits to this account(s) thereafter?

Member 3

Reconfirmation of personal information	
Client name:	Date Y Y Y M M D D
Nationality:	ID/Passport number:
Do you hold dual / multiple nationality/citizenship? O Ye	es () No
If yes, please give details below:	
Residential Address:	Postal Address: Same as Residential Address
Street Address:	PO Box Number:
Suburb:	Suburb:
City:	City:
Country:	Country:
Postal Code:	Postal Code:
Employment information	
Employment Status: Permanent 🔿 Self-Emp	ployed Contract Unemployed Retired

Permanent			
Employer Name:		Occupation:	
Gross Annual Income:	Currency:	Number of months employed:	
Nature of Business:			
If with present employer for less than 6 mor	nths, please also supply details of previous em	ployment:	
Self-Employed			
Company Name:		Occupation:	
Nature of Business:			
Gross Annual Income:	Currency:	Number of months employed:	
If self-employed for less than 6 months, ple	ase also supply details of previous employmer	nt:	
Unemployed			
If unemployed, please state reasons of une	nployment, previous occupations, employers a	and nature of business:	
Contract			
Employer Name		Occupation:	

Employer Name:		Occupation.			
Gross Annual Income:	Currency:	Number of months employed:			
Nature of Business:					
If with present employer for less than 6 months, please also supply details of previous employment:					

Retired

If retired, please state previous occupations and employers:

Employer Name:		Occupation:
Gross Annual Income:	Currency:	Number of months employed:
Nature of Business:		Number of months retired:
If with previous employer for less than 6 months, please also suppl		

Tax information		
Country of Domicile:	Country of Tax Residence:	
Tax Identification Number (TIN):		
National Insurance Number (NINO) if applicable:		
Social Security Number (SSN) if applicable:		
Are you a US Green Card Holder?	∩Yes ∩No	
Are you registered for tax in multiple jurisdictions? If so, p	lease give details below:	
Country	TIN	
PEP (Politically Exposed Person)		
Are you, or have you, or any of your family or close associates	ever been a PEP? Yes No	

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What is the total **expected** annual value of deposits to this account(s) thereafter?

Member 4

Reconfirmation of personal information										
Client name:		Date	ΥY	Ý	Υ	M	M	D	D	
Nationality:	ID/Passport number:									
Do you hold dual / multiple nationality/citizenship? Ye	s 🔿 No									

Residential Address: Street Address:			Postal Address: Same as Residential Address			
		F	PO Box Number:			
Suburb:			Suburb:			
City:			City:			
Country:		(Country:			
Postal Code:		F	Postal Code:			
Employment inf	formation					
Employment Status:	Permanent 🔿	Self-Employed	Contract	Unemployed	Retired	
Permanent						
Employer Name:				Occupation:		
Gross Annual Income:		Currency:		Number of months employed:		
Nature of Business:						
If with present employer	for less than 6 months, plea	se also supply details of	previous employment:			
Self-Employed						
Company Name:				Occupation:		
Nature of Business:						
Gross Annual Income:		Currency:		Number of months employed	<u>d:</u>	

If self-employed for less than 6 months, please also supply details of previous employment:

Unemployed

If unemployed, please state reasons of unemployment, previous occupations, employers and nature of business:

Contract			
Employer Name:		Occupation:	
Gross Annual Income:	Currency:	Number of months employed:	
Nature of Business:			
If with present employer for less than 6 mor	nths, please also supply details of previous em	ployment:	

Retired

If retired, please state previous occupations and employers:

Employer Name:		Occupation:	
Gross Annual Income:	Currency:	Number of months employed:	
Nature of Business:		Number of months retired:	_
If with previous employer for less than 6 mon	ths, please also supply details of employment befo	pre:	

Tax information

Country of Domicile:	Country of Tax Residence:				
Tax Identification Number (TIN):					
National Insurance Number (NINO) if applicable:					
Social Security Number (SSN) if applicable:					
Are you a US Green Card Holder?	⊖Yes ⊖No				
Are you registered for tax in multiple jurisdictions? If so, please give details below:					
Country	TIN				
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PEP (Politically Exposed Person)					
Are you, or have you, or any of your family or close associates ever been a PEP? Yes No					
If the answer to the above is yes, please provide details					

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Purpose of account:

What are the main reasons for opening the account (e.g. diversify currencies, savings, investments, overseas use)?

What is the total anticipated value of deposits in the first 12 months?

What is the total **expected** annual value of deposits to this account(s) thereafter?

- We warrant that the information and documentation that has been and will be submitted is true, correct and of authentic origin and undertake to inform FNB Channel Islands ("the Bank") of any facts or circumstances that could prejudice the Bank's rights or should any of the information which we have provided change;
- 2. We agree that the Bank may verify the information provided, generally make whatever enquiries it deems necessary from any source whatsoever and may supply information regarding our products and services and our compliance or otherwise with the conditions, to any division and subsidiary within FirstRand Bank Limited, to other banks and/or to any Credit Bureau;
- 3. We agree and understand that in order to approve my application the Bank may obtain information about us from a Credit Bureau (Credit Bureaux supply banks and other parties with credit profiles and credit scores about persons to help them determine if a person is credit worthy) and from internal or external data sources that provide information on fraud risk;
- 4. Our choice was made based on the product information given to us, including all the different features, benefits and pricing options and applicable fees to our chosen products and services which enabled us to make an informed decision. We acknowledge that the information about fees is available on www.fnbci.co.uk
- 5. We understand that my account statements will be made available to me via the FNBCI Banking App and Online Banking.
- 6. We indemnify the Bank against any liability for any loss or damage suffered by us as a result of inaccurate or incomplete information contained herein and/or as a result of the disclosure or furnishing of any information which we provided to the Bank or which the Bank obtained with our consent.
- 7. We hereby confirm that:
- 7.1. We agree to be bound by the Bank's terms and conditions applicable to the accounts/ facilities applied for and which are available on www.fnbci.co.uk
- 7.2. We acknowledge that the Bank may at its discretion amend the terms and conditions applicable from time to time;
- 7.3. Should we not understand any of the Bank's terms and conditions we undertake to contact the Bank for an explanation and/or clarification as required;
- 7.4. We request and authorise the Bank to open the account(s) as indicated and as subsequently requested from your products and services from time to time in this application form in the name of the applicants;
- 7.5. We will not make use of the products and services until the Bank approves our application; and
- 7.6. We understand and accept that the Bank reserves the right to decline this application for any reason.

Verification of identity

8. The Bank is required by current legislation and guidance to obtain evidence of our names, addresses, dates and places of birth, nationalities, official personal identification numbers, citizenships and tax residencies. In order to do so, the Bank requires certain documentation. By signing this application form, we understand that we must comply with the provision of the legislation and agree to be bound by the rules. If we do not comply with the above requirements, the Bank with an acceptable document to verify our particulars. We understand that if the Bank freezes our accounts, we will not be able to transact on the account(s). A certified copy of a valid passport or RSA ID card is required for all parties to the application. An uncertified copy will not be acceptable. In all cases the copies must be clear.

Residential address

- To verify the permanent residential address of an individual, we are required to provide the Bank with an acceptable document evidencing our address. This document may not be older than three months. Examples of acceptable documents are the following:
- 9.1. a bank statement (Non FRG bank statement) or a utility bill addressed to me/us at our permanent residential address we have stated. If the utility bill is addressed to a PO Box number, it must also state the physical address or it will not be acceptable;
- 9.2. correspondence from a government department (including tax authorities);
- 9.3. a confirmation from a suitable certifier (see definition below).

Certification of documents

- 10. Documentation to be submitted is to be either in original or electronic format. If neither are available, copies must be certified by a suitable certifier, such as a bank official, member of the judiciary, lawyer, notary public, actuary or accountant who is a member of a professional body. Documents can also be certified by an Officer of an Embassy, Consulate or High Commission of the country of issue.
- 11. A suitable certifier must certify that he or she has seen the original documentation verifying identity and residential address, and that the copy of the document provided (which he or she certifies) is a complete and accurate copy of that original.
- 12. In order to certify the documents, the certifier must add the following wording to the document: "CERTIFIED AS A TRUE COPY OF THE ORIGINAL SEEN BY ME" in writing, or by means of a stamp, including the name, address, profession, contact details and date on which the documents were certified. Where a document contains a photograph of the individual, the certifier is to add the wording "CERTIFIED AS A TRUE COPY OF THE ORIGINAL SEEN BY ME AND A TRUE LIKENESS OF THE INDIVIDUAL." The certification is to be signed by the certifier. The certifier cannot be closely related to the persons whose documents are being certified.

Instructions

- By signing this application form, we agree to be bound by the following terms and conditions;
- 13.1. We authorise the Bank to accept and act on any instructions received by the Bank which is given by telephone and/or eMail by /us.
- 13.2. We understand and accept that the Bank will not be held liable for any losses or damages suffered by us as a result of the Bank acting, or declining to act (whether in whole or in part), on the instructions the Bank believes to have been given by us by telephone or eMail, whether or not this instruction has in fact been given.
- 13.3. We indemnify the Bank against any loss, liability or damages that may be suffered by the Bank as a result of the Bank entering into this agreement with us, and acting, or declining to act, on any instruction.
- 13.4. As instructions given by telephone and/or eMail may be more susceptible to the occurrence of fraud, I/we understand and accept that I will obtain legal advice as to the legal implications of providing instructions by telephone and/or eMail if we are uncertain as to these implications.

Tax compliance

- 14.1 I hereby confirm and warrant that the information provided is true and correct and I hold no other citizenships and/or residences for tax purposes other than those disclosed above in this application form; I will inform the Bank in writing of any change of this status within 30 (thirty) days of the change of the disclosed status.
- 14.2 I hereby agree to the exchange of information between the Guernsey tax authorities and those countries which adhere to the Automatic Exchange of Information (AEOI), also known as Common Reporting Standards (CRS); and to the exchange of information between the United States Inland Revenue Services (IRS) in terms of the Foreign Accounts Tax Compliance Act (FATCA) affecting USA persons; and to the exchange of such information as may be required to be provided by the Bank under the terms of any exchange of information agreements or other disclosure requirements from time to time.
- 14.3 The information that will be disclosed includes but is not limited to: account number, full name, residential address, date and place of birth, Tax Identification Number (TIN), the total value of the accounts held at the date or dates required by the relevant Tax Authority and the total value of interest paid to me during any given period.

We hereby confirm and consent, as necessary, that FirstRand Limited, including FirstRand Bank Limited Guernsey Branch (FNB Channels Islands), may process (collect, use or otherwise deal with) our information (including processing outside of the borders of Guernsey), which was voluntarily provided, for the purposes of providing services and products, according to the General Terms and Conditions available on www.fnbci.co.uk and requirements of the law. We hereby confirm that we have read and understood the General Terms and Conditions available on www.fnbci.co.uk and requirements of the law. We hereby confirm that we have read and understood the General Terms and Conditions and specifically the portion relating to the processing of our personal information. We also confirm that the information provided by us to FNB Channel Islands is true, correct and current; including information about our residency and citizenship for local and international tax purposes, and that we will inform FNB Channel Islands if it changes.

We can refer to the Privacy Policy www.fnbci.co.uk for more information on the Bank's privacy practices.

Full Name and Surname			
Date	Y Y Y Y M M D D	-	Client's Signature
Full Name and Surname			
Date	Y Y Y Y M M D D	-	Client's Signature
Full Name and Surname			
Date	Y Y Y Y M M D D	-	Client's Signature
Full Name and Surname			
Date	Y Y Y Y M M D D	-	Client's Signature