

Account Opening & Customer Information Form (Personal Accounts)

For Customers with Special Needs

بنك العز الإسلامي
alizz islamic bank



Date: DD MM YYYY

Note: Please complete in BLOCK letters and sign in the appropriate space:

CIF No: _____

Account No: _____

For Bank use

Branch: _____

RELATIONSHIP DETAILS

CIF Type: Single Joint Minor
 Account Type: Current Call Deposit Savings Term Deposit
 Account Currency: OMR Other Currencies: _____
 Relationship Criteria: Salary Transfer Deposit Based

PERSONAL DETAILS

Name(s) of Applicant(s) - as per ID Card: Title: Mr Mrs Ms Shaikh HE HH
 First Name Second Name Third Name Surname/Family name

1. _____
 2. _____

	Nationality	Civil ID/Resident Card	Expiry Date	Date of Birth	Gender
First Applicant					<input type="checkbox"/> M <input type="checkbox"/> F
Second Applicant (if joint account)					<input type="checkbox"/> M <input type="checkbox"/> F

Account Name (if joint account): _____

Type of Relationship (if joint account): _____

Instruction for Account Operation: Single Joint Others (please specify): _____

ATTORNEY/GUARDIAN

Name of Trustee: _____ ID/PP No.: _____

Delegated person: _____

DEBIT CARDS

Please issue me/us Debit Card Supplementary
 Please do not issue me/us Debit Card

My name to appear on the card, as below: (English only: max 20 characters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Second Applicant-Supplementary Card: (English only: max 20 characters)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Supplementary Cardholder's Details

ID/PPNo.: _____

Limit to be assigned: _____

Signature: _____

Date: _____

Supplementary card to be activated by principal cardholder

FIRST APPLICANT DETAILS

Source of Income: Salary Own Business Others

Sector (if salary): Government Private

Name of the Employer: _____

Nature of the Business: _____

Designation: _____

Employee No: _____ Date of Joining: _____

Passport No. *: _____ Passport Expiry Date*: _____

Visa No. *: _____ Visa Expiry Date*: _____

Telephone: _____ Fax: _____

Salary Income p.m.: _____ Other Income p.m.: _____

Source of Other Income: _____

* For Non Omani Nationals * Required fields

P.O Box: _____ Postal Code: _____

House No./Flat No.: _____ Building No.: _____

Way No.: _____ Area: _____

Wilayat: _____ Res. Tel. No.: _____

Mobile(1): _____ Mobile(2): _____

Email: _____

Permanent Address (Home Country): _____

Tel.: _____

SECOND APPLICANT DETAILS

Source of Income: Salary Own Business Others
 Sector (if salary): Government Private
 Name of the Employer: _____
 Nature of the Business: _____
 Designation: _____
 Employee No.: _____ Date of Joining: _____
 Passport No.*: _____ Passport Expiry Date*: _____
 Visa No.*: _____ Visa Expiry Date*: _____
 Telephone: _____ Fax: _____
 Salary Income p.m.: _____ Other Income p.m.: _____
 Source of Other Income: _____

* For Non Omani Nationals * Required fields

P.O Box: _____ Postal Code: _____
 House No./Flat No.: _____ Building No.: _____
 Way No.: _____ Area: _____
 Wilayat: _____ Res. Tel. No.: _____
 Mobile(1): _____ Mobile(2): _____
 Email: _____
 Permanent Address (Home Country): _____

 Tel.: _____

BANKING SERVICE REQUIRED

Cheque Book: 10 leaves 25 leaves 50 leaves Email Alerts for Account Transactions
 SMS Alert for Account Transactions: Arabic English

STATEMENT TYPE AND FREQUENCY

Standard Frequencies:	<input type="checkbox"/> Printed (Biannually)	<input type="checkbox"/> Email (Monthly) <input type="checkbox"/> Held @ branch
Change in Printed Frequency*, please specify *Charges applicable	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly

DECLARATION

I/We confirm that the information given above is true and complete and that I/we have read and understood the relevant General Terms and Conditions governing Shari'a Compliant Accounts ("Terms and Conditions") and online Banking Services and those applicable specifically to the type of account chosen by me/us. I/We understand and expressly agree to be bound by them whether set out in English and/or Arabic. I/We confirm that all expected inward remittance to my/our account(s) will comply with the stipulation of Central Bank of Oman.

This document along with the rest of above-mentioned documents shall form as an integral part of the final agreement between myself/ourselves and the Bank.

Name	Signature/Thumb Impression	Signature/Thumb Impression Verified (Bank use only)
First Applicant Date:		
Second Applicant (if joint account) Date:		

FOR BANK USE ONLY

List of documents obtained and verified against original/KYC steps

<input type="checkbox"/> National ID for Omanis	<input type="checkbox"/> Minor's Passport Number	<input type="checkbox"/> Delegation of Authority Document
<input type="checkbox"/> Customer Passport	<input type="checkbox"/> 2 Photographs for Special Needs Customers	<input type="checkbox"/> Attested Copies of Original Mandate from the Account Holder
<input type="checkbox"/> Resident Card for Expats	<input type="checkbox"/> ID Card for Guardians	<input type="checkbox"/> Birth Certificate (for Minor Account Only)

Customer Segment Mass Mass Affluent Affluent VIP

	Processed and input by	Data input verified and authorised by
For Branch Use		
For Operation Use		

Staff Code: _____

Staff Name: _____