

ACCOUNT OPENING FORM FOR ENTITIES



Bank AL Habib Limited

Islamic Banking Branch _____

Date:

Account Number:
(For Bank Use Only)

IBAN :
(For Bank Use Only)

Title of Account:

Mailing Address: _____

City/ District/ Province: _____ Country: _____ Postal Code:

Registered Office: _____

City/ District/ Province: _____ Country: _____ Postal Code:

Head Office: _____

City/ District/ Province: _____ Country: _____ Postal Code:

Telephone Number(s): Registered Office: _____ Head Office: _____ Fax: _____ Other: _____

Nature of Business/ Activity: Services Manufacturing Trade Retail Other (Specify) _____

Details of Business/ Activity: _____ Other Companies of the Group: _____

TYPE OF ENTITY

A) Partnerships & Corporations: Registered Partnership Unregistered Partnership Private Ltd. Company Public Unlisted Company Single Member Company Public Listed Company Agent Account Others: _____

B) Financial Institutions: Commercial Bank Investment Bank Asset Management Company Insurance Company Brokerage Firm Pension Scheme/Fund

Mutual Fund Development Financial Institution (DFI) Microfinance Bank Modaraba Others _____

Please provide Global Intermediary Identification Number (G.I.I.N.) if applicable:

C) Government: Federal Govt. / Provincial Govt. / Local Govt. / Municipality Law Enforcement Agency Judicial Entity Armed Forces Others _____

D) Trusts/Clubs/ Associations/ NGOs etc.: Charitable Trust Non Charitable Trust Society / Association Clubs Cooperative Society Political Party NGO / NPO Others _____ For Charitable Trusts / NGOs / NPOs, please provide registration number

E) Foreign Organisations: Embassy / Consulate International Organisation Multilateral Organisation Others _____

Tax Number: NTN: _____ Sales Tax Registration No.: _____ TIN / Other Tax Identification No.: _____

Date of Incorporation/Reg.: Country of Incorporation/Reg.: _____

Type of Account: AL Habib Current Account AL Habib Tijarat AL Habib Savings Mahana Savings Accounts Other (Specify) _____

Currency of Account: Pak. Rupee US Dollar GBP Euro Other (Specify) _____

List of Directors/Partners/Trustees and/or Members of Governing Body/Executive Committee	Official Position/ Status
1. Mr. / Mrs. / Ms. CNIC / SNIC / Passport No.: <input type="text"/>	
2. Mr. / Mrs. / Ms. CNIC / SNIC / Passport No.: <input type="text"/>	
3. Mr. / Mrs. / Ms. CNIC / SNIC / Passport No.: <input type="text"/>	
4. Mr. / Mrs. / Ms. CNIC / SNIC / Passport No.: <input type="text"/>	
5. Mr. / Mrs. / Ms. CNIC / SNIC / Passport No.: <input type="text"/>	
6. Mr. / Mrs. / Ms. CNIC / SNIC / Passport No.: <input type="text"/>	
7. Mr. / Mrs. / Ms. CNIC / SNIC / Passport No.: <input type="text"/>	

For additional information, use separate sheets

ACCOUNT INTRODUCTION

Introducer's Name:

Bank: Branch:

Account Number:

CNIC / SNIC Number:

Telephone Number: Introducer's Signature:

FOR BANK USE ONLY

Introducer's signature verified by:

Name: Signature: S. No.:

E-STATEMENT REQUEST

E-mail Address:
(Please provide "Official Email Address" only and specify Underscore "_" or Dash "-" as and where necessary)

We also request that all statements of account be sent to our above email address on the following frequency:
 Daily Weekly Fortnightly Monthly Quarterly Half Yearly

Please send do not send hard copy of statement of account to our address

We undertake to inform the Bank immediately if our email address mentioned is changed or in any way compromised.

Internet Banking Required Yes No

Enclose Application Form

Cheque Book Required Yes No

Cheque Book Undertaking: We understand that this cheque book, if not collected personally or through authorized representative within 60 days from the date of issuance, may be destroyed and charges will be collected as per Bank Policy

EXISTING RELATIONSHIP WITH BANK AL HABIB LIMITED / RELATIONSHIPS WITH OTHER BANKS

Title of Account:	Bank/Branch Name:	Account Number:
.....
.....
.....

FATCA CLASSIFICATION FORM FOR ENTITIES

Check (✓) If Yes Check (✓) If No

1. Do you belong to any of the following types of entities:

- Government/ Governmental Entity
- Entity wholly owned by a Government
- Foreign Mission
- Central Bank
- Non-Profit Organisation
- International Organisation
- Pension Fund established by any of the above mentioned exempt entities
- Financial Institution

- If any of the above mentioned types of entities are checked, you are not required to fill the remaining part of this form
- If none of the above type of entities are checked, please proceed to Question 2.

2. Are you a Listed Company or a Subsidiary of a Listed Company?

- If "yes", you are not required to fill this form further. Please provide name of the stock exchange(s) on which you or your holding/ parent company is listed:
 Name of Stock Exchange Country
- If "No", please go to Q.3.

3. Is the entity a partnership or trust organized/ registered in the U.S. or a company incorporated under the laws of U.S.?

- If "Yes", please provide Form W-9. You are not required to complete the rest of this form.
- If "No", please go to Q.4.

4. Does any U.S. National or U.S. Entity have substantial (i.e. more than 10%) shareholding, profit/ capital interest or beneficial interest in your company, partnership or trust

- If "Yes", please fill section B below for each of your Substantial U.S. Owner(s).
- If "No", please go to Q.5.

B) Details of Substantial U.S. Owners:-

Details of Substantial U.S. Owner(s) for Entity Account			
Name	Address	Tax Identification Number (TIN)	% of Ownership / Beneficial Interest

5. Do you have any U.S. Mailing Address, U.S. Head Office, U.S. Registered Address or U.S. Telephone Number?

- If "Yes", and you are a U.S. entity, please provide Form W-9.
- If "Yes", and you are not a U.S. entity, please provide Form W-8BEN-E.
- If "No", please go to Q.6.

6. Have you granted a Power of Attorney or Signatory Authority to a person with a U.S. address

- If "Yes", and you are a U.S. entity, please provide Form W-9 for the entity.
- If "Yes", and you are not a U.S. entity, please provide Form W-8BEN-E.
- If "No", please go to Q.7.

7. Is your entity a Passive Non Financial Foreign Entity or an Active Non Financial Foreign Entity (NFFE)

- Passive Active

'Passive entities' generate more than 50% of their income from passive sources such as interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc. whereas 'Active entities' generate more than 50% of their income from non-passive source such as trading, manufacturing or provision of services etc.

- If "Passive", please provide Form W-8BEN-E and ensure that Part XXX of the Form W-8BEN-E is properly filed.
- If "Active", no further documentation is required.

OPERATIONAL INSTRUCTIONS

Signing Authority: Authority Letter to operate the account as per Partnership Deed/ Board's Resolution/ Trust Deed/ Bye-laws/ Rules & Regulations (as the case may be) duly signed by all the partners/ directors/ trustees/ members (as the case may be) is attached. Corporates are required to affix stamp where applicable.

Zakat Exemption: Yes (enclose affidavit/declaration on bond paper) No

With Holding Tax Exemption: Yes (enclose valid Tax Exemption Certificate) No

Hold Mail: Yes (Indemnity enclosed) No

DECLARATION (Must be Signed by all Authorized Signatories)

I/We request you to open an account(s) with Bank AL Habib Limited ("the Bank") as per details provided above, which I/We confirm are true and correct in all respects. I/We agree to provide any document(s) required by the Bank according to the type of account(s) requested and to abide by the current rules and policies of the Bank for the conduct of such account(s). I/We have received a copy of the Account Opening Form and Rules/ Terms & Conditions of Account, which have been read and signed by me/us. I/We agree with these Rules/ Terms & Conditions and also agree to be bound by them as amended by you from time to time. I/We agree to inform you of any changes in the information provided in this Form or in related documents.

This request when accepted by the Bank will be deemed to be an agreement between the Bank and me/ourselves and the completed sections of this Form shall be treated as an integral and indivisible part of the same. It is understood that this account will be used for bonafide business transactions.

I/We agree to be liable for any Finances or debts due to you which you may permit on this account or any other account in my/our name. I/We solemnly declare that we have not been refused banking facilities by any other bank before approaching you for opening of our account.

I/We hereby confirm that the information provided by me/us and the information in the submitted documents is true, accurate, complete and updated, and the submitted documents are genuine and duly signed by me/us.

I/We understand that the information and the submitted documents will also enable Bank AL Habib Limited ("the Bank") to comply with its obligations under the U.S. Foreign Account Tax Compliance Act ("FATCA"). I/We hereby consent and agree to the Bank meeting its obligations under FATCA in connection with my/our account, including submission of the required account information to appropriate government and regulatory authorities, in accordance with FATCA provisions.

I/We agree and undertake to notify the Bank within 30 calendar days if there is a change in any information or document which I/We have provided to the Bank.

1) Name:

Current Res. Address:

Signatures:

2) Name:

Current Res. Address:

Signatures:

3) Name:

Current Res. Address:

Signatures:

4) Name:

Current Res. Address:

Signatures:

5) Name:

Current Res. Address:

Signatures:

6) Name:

Current Res. Address:

Signatures:

7) Name:

Current Res. Address:

Signatures:

.....
Company Stamp

FOR BANK USE ONLY

CHECKLIST OF REQUIRED DOCUMENTS – To be completed by Account Opening Officer

	Check (✓) If Not Applicable	Check (✓) If Complied
1. In case of Partnership account		
• Attested copy of identity document of all Partners and authorized signatories	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of 'Partnership Deed' duly signed by all the Partners of the firm, attested by Notary Public on appropriate value Stamp Paper having 'Account Operating' and 'Dissolution' clause	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copy of Registration Certificate with Registrar of Firms. In case the partnership is unregistered, this fact shall be clearly mentioned on the Account Opening Form	<input type="checkbox"/>	<input type="checkbox"/>
• Authority letter from all partners, in original, authorizing the person(s) to operate firm's account	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copy of CNIC of person, other than the Partners, who is authorized to operate the account	<input type="checkbox"/>	<input type="checkbox"/>
• Partnership Deed vetted by Legal Division	<input type="checkbox"/>	<input type="checkbox"/>
2. In case of Limited Company account		
Certified copies from Company Secretary / Notary Public of:		
• Resolution of Board of Directors for opening of account specifying the person(s) authorized to open and operate the company's account	<input type="checkbox"/>	<input type="checkbox"/>
• Memorandum and Articles of Association	<input type="checkbox"/>	<input type="checkbox"/>
• Certificate of Incorporation	<input type="checkbox"/>	<input type="checkbox"/>
• Certificate of Commencement of Business, wherever applicable	<input type="checkbox"/>	<input type="checkbox"/>
• Attested Photocopies of identity document of all Directors and persons authorized to open and operate the account	<input type="checkbox"/>	<input type="checkbox"/>
• List of Directors on 'Form-A/ Form-B' issued under Companies Ordinance 1984, as applicable	<input type="checkbox"/>	<input type="checkbox"/>
• List of Directors on Form 29 certified by SECP/ Registrar Joint Stock Company. (should match with List of Directors mentioned on 'Form-A/Form-B')	<input type="checkbox"/>	<input type="checkbox"/>
• For individual (natural person) shareholders holding 20% or above stake (10% or above in case of EDD) in an entity, identification and verification of such natural persons;	<input type="checkbox"/>	<input type="checkbox"/>
and		
• For legal persons holding shares equal to 20% or above in an entity, identification and verification of individual (natural person) shareholders holding shares equal to 20% or above of that legal person	<input type="checkbox"/>	<input type="checkbox"/>
3. In case of Club, Society or Association account		
• Certified copies of		
a. Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
b. By-laws/ Rules & Regulations	<input type="checkbox"/>	<input type="checkbox"/>
• List of Office Bearers	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Resolution of the Governing Body/ Executive Committee, if it is ultimate governing body, for opening of account authorizing the person(s) to operate the account	<input type="checkbox"/>	<input type="checkbox"/>
• Attested photocopy of identity document of the authorized person(s) and of the members of Governing Body/ Executive Committee, if it is ultimate governing body	<input type="checkbox"/>	<input type="checkbox"/>
• An undertaking signed by all the authorized person(s) on behalf of the institution mentioning that when any change takes place in the person(s) authorized to operate on the account, the Bank will be informed immediately	<input type="checkbox"/>	<input type="checkbox"/>
4. In case of Trust account		
• Resolution of Board of Trustees	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copy of Certificate of Registration	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copies of identity document of all the Trustees	<input type="checkbox"/>	<input type="checkbox"/>
• List of Trustees duly signed by all the Trustees	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of the 'Registered Instrument of Trust/ Trust Deed'	<input type="checkbox"/>	<input type="checkbox"/>
• Operating Instructions as per Trust Deed	<input type="checkbox"/>	<input type="checkbox"/>
• Submission of attested copy of registered instrument of Trust/ Deed shall meet all the requirements	<input type="checkbox"/>	<input type="checkbox"/>
• In case of Provident, Gratuity and Pension Funds, evidence of registration with any Government authority	<input type="checkbox"/>	<input type="checkbox"/>
• Trust Deed Vetted by Legal Division	<input type="checkbox"/>	<input type="checkbox"/>
• Approval of Zonal Head Obtained	<input type="checkbox"/>	<input type="checkbox"/>
• Identification of Settlor and Beneficiaries (If applicable)	<input type="checkbox"/>	<input type="checkbox"/>
5. In case of NGOs / NPOs / Charities		
• Certified copies of		
a. Registration documents / certificates	<input type="checkbox"/>	<input type="checkbox"/>
b. By-laws/ Rules & Regulations	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Resolution of the Governing Body/Board of Trustees/Executive Committee, if it is ultimate governing body, for opening of account authorizing the person(s) to operate the account	<input type="checkbox"/>	<input type="checkbox"/>
• Attested photocopy of identity document of the authorized person(s) and of the members of Governing Body/ Board of Trustees/ Executive Committee, if it is ultimate governing body	<input type="checkbox"/>	<input type="checkbox"/>
• Any other documents as deemed necessary including its annual accounts/ financial statements or disclosures in any form which may help to ascertain the detail of its activities, sources and usage of funds in order to assess the risk profile of the prospective customer	<input type="checkbox"/>	<input type="checkbox"/>
6. In case of Branch/ Liaison Office of Foreign Companies		
• Attested copy of permission letter from relevant authority i-e Board of Investment	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copies of valid passports of all the signatories of account	<input type="checkbox"/>	<input type="checkbox"/>
• List of directors on company letter head or prescribed format under relevant laws/ regulations	<input type="checkbox"/>	<input type="checkbox"/>
• A Letter from Principal Office of the entity authorizing the person(s) to open and operate the account	<input type="checkbox"/>	<input type="checkbox"/>
7. In case of Agent's account		
• Certified copy of 'Power of Attorney' or Agency Agreement	<input type="checkbox"/>	<input type="checkbox"/>
• Attested photocopies of identity document of the agent and principal	<input type="checkbox"/>	<input type="checkbox"/>
• The relevant documents/papers, if agent or the principal is not a natural person	<input type="checkbox"/>	<input type="checkbox"/>
8. Government Organization (Federal/ Provincial/ Municipal) Public Sector Corporation/ Autonomous Body		
• Permission letter from Controlling Department at least one level above the authority wishing to open an account	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of Gazette Notification about the posting of officer signing the AOF	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copies of identification documents	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copies of office identity card	<input type="checkbox"/>	<input type="checkbox"/>
• Government accounts shall not be opened in the personal names of the government official(s). Account to be opened in official capacity only i.e. name of government department	<input type="checkbox"/>	<input type="checkbox"/>

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CHECKLIST OF REQUIRED DOCUMENTS – To be completed by Account Opening Officer

	Check (✓) If Not Applicable	Check (✓) If Complied
9. Local Govt		
• Copy of Notification of Election as Zila Nazim/ Taluka / Tehsil / Town Nazim/ Union Nazim.....	<input type="checkbox"/>	<input type="checkbox"/>
• Posting order of District Co-ordination officer (DCO)/ Municipal Officer/ Secretary of Union administration.....	<input type="checkbox"/>	<input type="checkbox"/>
• Attested CNIC's of Zila Nazim and DCO/Nazim and Municipal officer/ Nazim and Secretary duly attested by Municipal officer.....	<input type="checkbox"/>	<input type="checkbox"/>
• Request letter for opening of account signed by Zila Nazim and DCO/ Nazim and Municipal Officer.....	<input type="checkbox"/>	<input type="checkbox"/>
• The account shall be operated jointly by Zila Nazim with DCO/Nazim with Municipal Officer/Union Nazim with Secretary as per directives issued by Provincial Government notified from time to time.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Public Sector Corporation/ Autonomous Body		
• Certified copy of Certificate of Registration.....	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of By-laws/Rules & Regulations.....	<input type="checkbox"/>	<input type="checkbox"/>
• An Undertaking signed by all the Authorized Persons on behalf of the Institution, mentioning that when any change takes place in the persons authorized to operate on the account, the branch will be informed immediately.....	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copies of CNICs of the authorised signatory.....	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copies of Office ID cards of Authorized Signatories, if available.....	<input type="checkbox"/>	<input type="checkbox"/>
• Permission letter from Controlling Department at least one level above the authority wishing to open the account.....	<input type="checkbox"/>	<input type="checkbox"/>
• Memorandum and Articles of Association (where applicable).....	<input type="checkbox"/>	<input type="checkbox"/>
• Certified copy of Resolution of the Governing Body/Executive Committee for opening of account authorizing the person to operate the account.....	<input type="checkbox"/>	<input type="checkbox"/>
• Copy of Gazette Notification about the posting of officers signing the AOF.....	<input type="checkbox"/>	<input type="checkbox"/>
• Permission from Ministry of Finance of respective Federal/ Provincial Government or in case of Autonomous Bodies including Armed Forces, consent from the respective Unit of Finance.....	<input type="checkbox"/>	<input type="checkbox"/>
11. In case of Executors & Administrators' account		
• Certified copy of Letter of Administration/ Probate.....	<input type="checkbox"/>	<input type="checkbox"/>
• Attested copy of identity document of the Executor/Administrator.....	<input type="checkbox"/>	<input type="checkbox"/>
12. In case the Power of Attorney is given to another person		
• Attested photocopies of identity document of the mandatee, original seen.....	<input type="checkbox"/>	<input type="checkbox"/>
• Original "Mandate/Power of Attorney" is obtained.....	<input type="checkbox"/>	<input type="checkbox"/>
13. In case of Hold Mail Account, duly executed Hold Mail Indemnity	<input type="checkbox"/>	<input type="checkbox"/>
14. In case of exemption from Zakat, duly executed affidavit/ declaration	<input type="checkbox"/>	<input type="checkbox"/>
15. Specimen Signature Cards for authorized signatories	<input type="checkbox"/>	<input type="checkbox"/>
16. Rules/ Terms & Conditions of Account, duly signed	<input type="checkbox"/>	<input type="checkbox"/>
17. Ownership Information Obtained	<input type="checkbox"/>	<input type="checkbox"/>
18. Copy of identification document should be matched with the original as checked through VERISYS, dated, marked "Certified – Original Sighted", and signed by the relevant bank officer	<input type="checkbox"/>	<input type="checkbox"/>
19. List of Debarred Persons checked	<input type="checkbox"/>	<input type="checkbox"/>
20. NADRA Verisys obtained	<input type="checkbox"/>	<input type="checkbox"/>

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ENTITY CATEGORIES:

- U.S. Entity:** *An entity incorporated in the U.S. OR* *An entity which provides a form W-9.*
 Non-U.S. Entity: *A local entity OR* *An entity that provides form W-8BEN-E*
 Non Participating Foreign Financial Institution: *(A Financial Institution which does not provide its Global Intermediary Identification Number).*

It is hereby confirmed that the required checks have been performed for this account.

Verified By: _____
Name of Account Opening Officer Signature

_____ Name of Branch Manager Signature

TO BE COMPLETED BY COMPLIANCE DIVISION

Special FATCA Status:-

Certain entities may claim one of the following FATCA categories by providing a W-8BEN-E form indicating to that effect. These classifications are required to be captured for annual FATCA reporting purposes;

- Owner-Documented FFI with specified U.S. owner(s):**
 An entity that certifies its status as an Owner Documented FFI by completing Part X of the W-8BEN-E Form.
 Direct Reporting NFFE:
 A Non-Financial Entity which provides a GIIN and opts as a Direct Reporting NFFE on the W-8BEN-E Form Part 1.
 Passive NFFE with Substantial U.S. Owner:
 An Entity which opts for Passive NFFE status by completing Part XXVI of the W-8BEN-E Form & provides details of its Substantial U.S. Owners in Part XXX of the same.

KNOW YOUR CUSTOMER / CUSTOMER DUE DILIGENCE (To be filled by the Branch)

1. Purpose of Account:	<input type="checkbox"/> Receipts & Payments	<input type="checkbox"/> Savings & Investments	<input type="checkbox"/> Others (Specify) _____
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2. Source of Funds:	<input type="checkbox"/> Remittances	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Rental Income:
	<input type="checkbox"/> Investment	<input type="checkbox"/> Business Receipt	_____
	<input type="checkbox"/> Dividend / Interest Income from Investments:		<input type="checkbox"/> Proceeds from sale of assets / property:
	_____		_____
	Countries where Investment are placed		Countries where assets / Property is Located
<input type="checkbox"/> Royalty Income:	<input type="checkbox"/> Loan/ Grant/ Relief from parent company/ other entities of the Group:		

	Name of originating / destination countries		
<input type="checkbox"/> Others (Specify)	_____		

3. Usual Mode of Transactions:	<input type="checkbox"/> Cash deposit / Withdrawal	<input type="checkbox"/> Online	<input type="checkbox"/> Remittances
	<input type="checkbox"/> Clearing	<input type="checkbox"/> Collection	<input type="checkbox"/> Others (Specify) _____
	Significant Cash Transactions	Significant Foreign Remittances	Cash based Business in High Value Item <i>(Gold, Jewellery, antiques etc.,)</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Politically Exposed Person (PEP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Nature: <input type="checkbox"/> Self	<input type="checkbox"/> By way of Association / Relationship
	Specify: (Position / Status) _____	Specify _____

5. Beneficial Ownership:	<input type="checkbox"/> Self	<input type="checkbox"/> Others _____
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Details of Beneficial Owner(s) holding 20% or more interest in the Entity			
Name	Address	CNIC No./ Registration No.	% of Ownership/ Beneficial Interest

6. Expected Turnover: (Salary/ Revenue/ Credit)	Monthly	Annually	Deposits p.m.		Withdrawals p.m.		Highest Expected
			No.	Amount	No.	Amount	Balance

7. Expected Types of Counter Parties:	<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Business Firms	<input type="checkbox"/> Govt./ Semi Entity	<input type="checkbox"/> Not for Profit Org.
	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Others (Specify) _____		

8. Main Geographical Area of Activity:	Within Pakistan			Outside Pakistan
	<input type="checkbox"/> Sindh	<input type="checkbox"/> Punjab	<input type="checkbox"/> KPK	Mention Names of Countries: _____ _____
	<input type="checkbox"/> Baluchistan	<input type="checkbox"/> AJK	<input type="checkbox"/> Gilgit Baltistan	

Account Opening Officer's Certificate:

I have checked this Account Opening Form and the required documents and certify that these are in order. I also certify having verified the signatures, identity and credentials of the Applicant(s).

Name: _____ Signature: _____ S. No. _____

Manager's Approval:

I have checked the names of partners/ office bearers/ directors/ trustees/ members/ authorized signatories from the debarred list as per Circular INST/107 dated 09th October 2008, and having visited place of business and collected some reasonable information from the market and personally met all the partners/officials

Name: _____ Signature: _____ S. No. _____

Branch Manager to satisfy himself about reason for Hold Mail accounts.

TO BE COMPLETED BY CPU

Received at CPU on: _____

Processed by: _____

Authorized by: _____

Scanned by: _____



Bank AL Habib Limited

Branch _____

Branch Code

□ □ □ □

Account Number (For Bank Use Only)

□ □ □ □ - □ □ □ □ □ □ □ □ - □ □ □ □ □ □ □ □

Customer Name: _____

CUSTOMER RISK PROFILING (CRP) FORM – SCORE CARD

S.No.	Risk Variable / Determinants	Risk Rating of Variables / Determinants	Score
1.	Customer*	Type of customer as per Appendix-B. Choose the correct option: (i) High Risk (ii) Medium Risk (iii) Low Risk	
2.	Geography / Country / Jurisdiction*	Customer belongs to geography / country / jurisdiction as per the Appendix-B. Choose the correct option: (i) High Risk (ii) Medium Risk (iii) Low Risk	
3.	Products and Services**	Products & Services availed / intended to be availed by the customer as per Appendix-B. Choose the correct option(s): (i) High Risk (ii) Medium Risk (iii) Low Risk	
4.	Delivery Channels**	Delivery channels availed / intended to be availed by the customer as per Appendix-B. Choose the correct option(s): (i) High Risk (ii) Medium Risk (iii) Low Risk	
5.	Others*	(1) Has an inquiry been received from the NAB, FIA, ANF, FMU or SBP about the customer and / or customer is involved in fraud, burglary, dacoity and / or an STR has been filed with FMU about the customer by the Bank? Choose the correct option: (i) Yes (ii) No (2) Do the names of customers, partners, mandate holders, authorized signatories, directors, trustees, beneficial owners etc., 100% match with the “List of Debarred Persons”? Choose the correct option: (i) Yes*** (ii) No	
Total Score of the Customer			

Note – Overriding Principle:

- i. *If the customer falls under (i) “High Risk Category” of the type of customer, and / or (ii) the customer is from “High Risk Jurisdiction, and / or (iii) there has been any inquiry about customer from agencies like NAB, FIA, ANF, FMU, SBP and other agencies (iv) customer is involved in fraud, burglary, dacoity (v) and / or the Bank has filed STR(s) with FMU about the customer, then the Customer Risk Profile must be marked as “High Risk”, even if the final risk rating category as per score card is Medium or Low.
- ii. **In the above customer risk profiling, if High Risk, Medium Risk and Low Risk Variables / Determinants apply for Product & Services and Delivery Channels, then score of high Risk Variable / Determinant, will be considered, and scores for Medium and Low Variables / Determinants will be disregarded.
- iii. ***If yes, account must not be opened or advice / clearance must be obtained from respective Zonal head or Authorized person in Zonal Office **AND** the Compliance Division.
- iv. The maximum score for each Variable / Determinant, will be 20 only.

Tick the Current Rating of the Customer		
<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low

Tick the Previous Rating of the Customer, if applicable		
<input type="checkbox"/> High	<input type="checkbox"/> Medium	<input type="checkbox"/> Low

The following score points will be used for making the Risk Category in the above form:

1. High = 20 2. Medium = 10 3. Low = 5 4. Yes = 20 and 5. No = 0

Total points = 100

Risk Based Category of the Customer

Benchmarking Risk Score Ranges	Risk Rating	Customer Risk Profile	Max score of one Risk Variable	Total Score	Approving Authority
Score up to 40	Low	Low Risk Customers	20	100	BM or OM.
Score from 41 to 70	Medium	Medium Risk Customers			BM or OM jointly with a Senior Officer of the Branch.
Score from 71 to 100	High	High Risk Customers			For opening the accounts of NGO, NPO, Charity, Trust, Society, Association, PEP and Correspondent Banking Account, Approval of Senior Management (i.e. General Managers of Zonal Heads & above) is required. For opening other High Risk account. BM (Branch Manager) and OM (Operations Manager) will jointly approve.

Prepared By:	Name & Designation _____ Employee No. _____ Signature: _____
Checked By:	Name & Designation _____ Employee No. _____ Signature: _____
Approved By:	Name & Designation _____ Employee No. _____ Signature: _____

Date: _____