



ACCOUNT OPENING FORM - INDIVIDUALS/JOINT

Date

Account No.

Please complete all sections of this form to help us provide you with the best possible service. Any omissions may delay or prevent the full opening of the account. Please clearly mark all choices.

Customer Details

Title _____ Surname _____ Middle Name _____ First Name _____
Date of Birth _____ Nationality _____
Passport Number _____ Expiry Date _____ Country of Issue _____
Residential Address _____
Country _____ Postcode _____ P.O. Box _____
Telephone Number _____ Mobile Number _____
Fax Number _____ Email Address _____

Financial Details

☐ Employed ☐ Self-employed
Occupation _____ Name of Employer/Business _____
Nature of Business _____ Annual Income _____
Address of Employer/Business _____
Country _____ Postcode _____ P.O. Box _____
Telephone Number _____ Mobile Number _____
Fax Number _____ Email Address _____

Account Details

☐ Individual ☐ Joint
Account type ☐ Current ☐ Saving ☐ Fixed ☐ Other
Currency ☐ BHD ☐ GBP ☐ USD ☐ EUR ☐ CHF ☐ Other _____
Statement Frequency ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
Correspondent Address ☐ Residential Address ☐ Business Address
Purpose of the Account _____
Source of Funds _____
Expected Annual Inward Funds _____ Expected Annual Outward Funds _____

Other Information

Do you hold or have you held a prominent public position? ☐ Yes ☐ No

If yes, please state position _____

Do any immediate family members or close associates hold, or have held a prominent public function?

☐ Yes ☐ No If yes, please state their name, position, and relationship _____

Customer Details - Joint Account 1 (if applicable)

Relationship to Main Applicant _____

Title _____ Surname _____ Middle Name _____ First Name _____

Date of Birth _____ Nationality _____

Passport Number _____ Expiry Date _____ Country of Issue _____

Residential Address _____

Country _____ Postcode _____ P.O. Box _____

Telephone Number _____ Mobile Number _____

Fax Number _____ Email Address _____

Financial Details - Joint Account 1 (if applicable)

☐ Employed ☐ Self-employed

Occupation _____ Name of Employer/Business _____

Nature of Business _____ Annual Income _____

Address of Employer/Business _____

Country _____ Postcode _____ P.O. Box _____

Telephone Number _____ Mobile Number _____

Fax Number _____ Email Address _____

Customer Details - Joint Account 2 (if applicable)

Relationship to Main Applicant _____

Title _____ Surname _____ Middle Name _____ First Name _____

Date of Birth _____ Nationality _____

Passport Number _____ Expiry Date _____ Country of Issue _____

Residential Address _____

Country _____ Postcode _____ P.O. Box _____

Telephone Number _____ Mobile Number _____

Fax Number _____ Email Address _____

Financial Details - Joint Account 2 (if applicable)

☐ Employed ☐ Self-employed

Occupation _____ Name of Employer/Business _____

Nature of Business _____ Annual Income _____

Address of Employer/Business _____

Country _____ Postcode _____ P.O. Box _____

Telephone Number _____ Mobile Number _____

Fax Number _____ Email Address _____

Customer Details - Joint Account 3 (if applicable)

Relationship to Main Applicant _____

Title _____ Surname _____ Middle Name _____ First Name _____

Date of Birth _____ Nationality _____

Passport Number _____ Expiry Date _____ Country of Issue _____

Address of Employer/Business _____

Country _____ Postcode _____ P.O. Box _____

Telephone Number _____ Mobile Number _____

Fax Number _____ Email Address _____

Financial Details - Joint Account 3 (if applicable)

☐ Employed ☐ Self-employed

Occupation _____ Name of Employer/Business _____

Nature of Business _____ Annual Income _____

Residential Address _____

Country _____ Postcode _____ P.O. Box _____

Telephone Number _____ Mobile Number _____

Fax Number _____ Email Address _____

Declaration/Signing Instructions

I/We hereby authorize the Bank to act on instructions which it reasonably believes have been issued by the authorized signatories, using the signature(s) below, which will be valid for all transactions between me/us and the Bank. These will remain valid until revoked by notice to the Bank, sent by me/us in writing.

By signing below I/We acknowledge that I/We confirm that I/We read, understood, and agree to be bound by the terms and conditions as amended from time to time. I/We declare that the information provided in this application form and supporting document is true, complete, and up to date. I/We further confirm my/our understanding that the Bank in making its decision to open any account or grant any facility will be relying on the aforesaid information provided by me/us. I/We agree to notify the Bank immediately of any changes to the information provided in this application form.

Signing instructions ☐ Alone ☐ All together ☐ Any of the below ☐ Others _____

Name	Specimen Signature

Pledge and Authorization Deed

I/We the _____ undersigned holder of account number _____ at Palestine Investment Bank Bahrain grant absolute and irrevocable authorization in accordance with the absolute assessment of the Bank, to provide, divulge, and inform the US Government and/or the IRS and/or the US Treasury and/or any local official party designated by the Central Bank of Bahrain and/or any party designated according to the laws and regulations issued by the US, with any information, data, or details of my/our account(s) at your Bank.

I also acknowledge that this authorization is absolute, irrevocable, irreversible, not subject to contest, and is considered as an advanced written consent on my/our behalf to provide the above mentioned parties the data and information related to my/our account and personal information, releasing the Bank of any legal, civil, or criminal responsibility that it may incur and of any incurring rights thereof.

I/We also grant the Bank absolute and irrevocable authorization to hold or deduct any due amounts and/or US tax and to transfer it to the IRS and/or any party determined by US regulations.

I/We also pledge to provide the Bank with any personal or financial information or documents that may be requested by the Bank by virtue of these relevant laws and regulations issued by the US Government.

The contents of this deed are to be considered an absolute, final, and irrevocable pledge and authorization not subject to contest for any reason, and I/We waive my/our right to contest, whether in terms of form or substance, any of the contents of this deed or any issues relevant or resulting from it, and my/our right to raise any reason for non-acceptance or non-compliance.

Personal Data Protection

Please note that each party to the account (physical person) must sign a copy of this form.

Palestine Investment Bank Bahrain will take all necessary measures to safeguard the confidentiality of the information it holds on its customers, and that such information will not be revealed to third parties unless you have expressly consented thereto or it is required by law and/or any competent authority.

The Bank will only use personal information in accordance with the applicable laws. It will collect, hold, and process on a computer based or structured paper file, any information about you it now holds, or at any time in the future will hold, in connection with:

- The application forms, operation of the account(s), or other dealings with the Bank.
- Third parties, such as joint account holders, persons that you guarantee, power of attorney holders, the register of unpaid cheques or other similar registers or agencies, or any other persons associated with you in whatever way whatsoever.

Such information may be retained after the account holder(s) has/have closed all their account(s) and for customer identification purposes in accordance with the record keeping policy of the Bank.

By signing this document you declare that you have read, understood, and consent to the handling of your personal data.

Name: _____ Signature: _____

Date: _____

Account Opening Application Form for Individuals

Important information regarding the completion of these documents

1. The application form must be completed in block capital letters using blue/black ink.
2. Complete all relevant sections fully. Many of the questions on the application form relate to mandatory regulatory requirements.
3. Please ensure that you have included all supporting documents required.
4. Ensure you have read and understood the Terms and Conditions (including the obligation to send updated documents and information to us.)

Please return the signed and completed application form to us together with the following supporting documents (one for each applicant):

- (i) Certified copy of your unexpired passport clearly showing the number and country of issue, your photograph, name, date of birth, signature and expiry date.
- (ii) Proof of residential address. This must not be older than 6 months from date of receipt by the Bank.
It may be:

- A utility bill such as electricity, water, council tax, telephone or a Bank statement.
Acceptable certifications can be undertaken by:
- A reputable financial institution.
- An embassy, consulate or high commission of the country of issue of the document or of a country where the Bank has an office.
- Apostille, in accordance with the Hague convention.

Kindly note that all documents should be in English, or officially translated into English.

Terms and Conditions

General Terms

By completing the Account Opening form, I/We agree to be bound by all the Terms and Conditions which apply to my/our account/s with the Bank, and stand (jointly and severally) responsible towards you for all transactions carried out by me/us on this/these account/s.

I/We understand that the application for the opening of the account/s must be signed by the holder/co-holders, who must (all) be legally competent.

I/We understand and agree that the Bank may apply to any legally operating registry/agency and seek any further information in relation to the operation of my/our account/s and my/our creditworthiness, and I/We further authorise the Bank to provide any data exclusively concerning the operating of my/our accounts and my/our creditworthiness to any such registry/agency.

The Bank, shall, as far as is practicable, compare my/our signature/s and those of our authorised agents which appear on documents presented to you with the specimens in your possession. This duty shall not, however, be construed as imposing upon the bank, an obligation to make an expert examination of the signature/s. The Bank shall bear no responsibility whatsoever if it later transpires that any of the signatures compared are forged.

If any of the holder/co-holders of the account, is/are declared bankrupt, the credit balance of the account shall be considered as entirely accruing to the bankrupt partner unless the contrary is proved.

In the event of litigation arising between the co-holders of the account, the Bank shall block the account from the date when it is formally notified of the litigation and until issue of an executor judgment.

It is understood that this account is a credit account and that I/we are not entitled to draw on this account in excess of the balance standing to my/our credit. However, if, for any reason whatsoever, this account becomes debtor, the amount overdrawn shall be deemed a debit owed by me/us and payable immediately, and I/We (jointly and severally) undertake to pay such debt to you upon your first demand, with interest and commission calculated and added monthly to the capital amount, and which shall form an integral of part of the indebtedness.

The Bank shall always be at liberty to discontinue at any time any overdraft it may have allowed on the account, and demand payment of the amount due together with interest, commission and any other expenses which may accrue thereon without any previous notice or warning.

This agreement shall be in English language, and any communication and/or notifications shall be made in English.

Cheques

I/we declare the following:

- (i) I/we have not issued any cheques on any account, which have been dishonoured during the previous 12 months.
- (ii) I/we hereby irrevocably undertake to return on your demand all the unutilised cheques in my possession.

Whereas the Bank agrees to purchase from me/us at our absolute discretion and to pay to me/us the proceeds of cheques drawn on foreign Banks, before their final clearance, these transactions will in all respects be under my/our responsibility until final settlement. I/We furthermore undertake to indemnify fully the Bank immediately on its first demand for any damage and/or loss it may suffer as a result of any such transactions.

Commissions and Charges

The Bank shall have a right to charge fees for the maintenance of the account, and/or any expenses and/or commissions for the execution of payment transactions, in accordance with the Bank's tariff list which is applicable at the time of execution.

I/We hereby give the Bank full authority to debit my/our account without notice with all interests, taxes, disbursement and/or fees, including lawyer or professional fees and other legal charges, arising out of proceedings, judicial or otherwise, which it may take in connection with this account, regardless of whether such proceedings are terminated by judgment or by amicable settlement.

Deposit Accounts

Unless otherwise instructed, the Bank is hereby authorized to renew my/our deposit account (where applicable) for a similar period and subject to the same conditions, except for the rate of interest that shall prevail on the renewal date. It is understood that I/we are entitled to draw on deposit accounts only at maturity. Any withdrawals during the fixed deposit period will be subject to penalty charge. It will be at Bank's discretion to set the rate or rates for such withdrawals.

Any instructions concerning the renewal must be received by the Bank not later than four working days before maturity or unless otherwise agreed beforehand.

Communication

All letters, notices, judicial or non-judicial processes addressed to or served on my/our elected address given by me/us in the account opening form, shall be deemed to have been truly and validly served and received by me/us, and shall produce all legal effects as if served in person.

The information that the Bank is obliged to provide or to make available to the customer, in accordance with the law, shall be made available at least once a month in writing, and sent to the customer by post or in any other way the Bank deems appropriate.

A statement of my/our account will be sent by ordinary post to the address indicated in the account opening form. If, within 30 days from the date of dispatch of such statement, the Bank does not receive notice of my/our consent or objection thereto, I/we shall be deemed to have absolutely admitted the correctness of my/our balance as shown in such statement, and shall be definitely bound by it.

Bearer Shares (Corporate Clients)

I/We hereby confirm to you that I/We will not alter the Memorandum and Articles of Association of the company which prohibits the issue of Bearer shares. I/We undertake to notify you in advance of any intention to do so.

I/We hereby confirm that notwithstanding the provision contained in the Memorandum and Articles of Association of the Company enabling the Company to issue Bearer Shares, I/We shall not proceed with the execution of such issue. Furthermore, in the event that such bearer shares are issued for any reason by the Company, I/We undertake to notify the Bank immediately.

Setoff

In consideration of our Bank giving or continue to give you credit or other Banking facilities, for as long as we may think fit, you agree that in addition to any general lien or similar right to which we may be entitled by the law, we may at any time and without notice to you, combine or consolidate all or any of your accounts with your liabilities to us, and set off or transfer any sum or sums standing to the credit of anyone or more of such accounts, in or towards satisfaction of any of your liabilities to us whether such liabilities are joint between yourselves or several or joint with any other person/s, and whether they are actual or contingent primary or collateral.

The present will give the right of setoff in respect of the different accounts belonging to you within Palestine Investment Bank, Bahrain its Head Office or any of its branches.

Cards

The card shall be used by the cardholder exclusively and always within the balance available in the account mentioned in your application for the issue of the card. If however, for any reason you make such unauthorized use of the card, you undertake to settle the unauthorized overdraft plus interest and/or other charges immediately upon the Banks first demand. The card is the property of the Bank, and must be returned to the Bank on demand. The cardholder should use the card only during the validity period shown on it.

The cardholder is liable to the Bank for all card transactions which are incurred through use of the card and for all acts and omissions of any authorized cardholder.

In using the card the cardholder must comply with all applicable laws.

The card may not be used for illegal purposes.

The Bank should debit the relevant current account of the Cardholder with the amounts of all card transactions, any other liabilities of the cardholder and any loss incurred by the bank from use of the card.

The relevant current account of the Cardholder is automatically debited with all transactions

Amendments to this agreement

The Bank reserves the right to amend, supplement or change the terms of this agreement at any time, to reflect market conditions, good banking practice, the products offered, the Bank's policy, relevant laws, or for any other reason.

Termination of agreement

The Bank shall be entitled to terminate this Agreement and to revoke the use of the bank account without providing any reason, by giving two (2) months notice.

In such case, the Customer shall have an obligation to settle any debit balance due in whole.

The Bank shall also have the right to terminate this Agreement, or to refuse to execute any Payment Transaction if the Customer is deceased, is declared Bankrupt, or in the case of legal persons, is dissolved, or due to a repeated violation of an essential term of this Agreement by the customer or by a person authorized to act on his behalf, or where there is a suspicion or risk of fraud or fraudulent or unauthorized use of the account or of a Payment Instrument and/or of the security features thereof, or where there are suspicious transactions or where there is an increased risk of inability to settle the balance or in the event of settlement of the Account.

The termination shall not affect the liability of the Customer at the time of termination, and the Bank shall be entitled to the immediate settlement of all amounts due.

Bank Liability in the event of Force Majeure and Compliance with Legislation

The Bank shall not be liable in the event of failure to comply with its obligations vis-a-vis the Customer according to these terms if:

- (i) This is due to abnormal or unforeseen circumstances outside the Bank's control, the effects of which cannot be avoided despite the Bank's efforts to the contrary

In case of any dispute, difference or question which may arise at any time hereafter under this agreement touching its true construction or the rights and liabilities of the parties hereto and any action which I/We may bring against the Bank, I/We irrevocably agree that it must be brought in the Kingdom of Bahrain under the exclusive jurisdiction of the Bahrain Courts. The Bank however will have the right to commence proceedings either in the Kingdom of Bahrain or any other Court abroad of competent jurisdiction as the Bank may at its absolute discretion deem fit.

Signature(s) _____ **Date:** _____

Foreign Account Tax Compliance Act (FATCA) Questionnaire

Please note each party to the account must complete and sign the following questionnaire.

Please respond to the following questions:	Yes	No
Do you hold United States (U.S.) Passport?		
Do you have a Social Security Number in the U.S.?		
Do you hold a Permanent Residency in the U.S. (Green Card)?		
Do you reside in the U.S.?		
Do you have a registered phone number in the U.S.?		
Do you have a P.O. Box / Mailing Address or a correspondence address in the U.S.?		
Have you made any periodic (standing) payment orders to transfer funds from your account at our Bank to the US / or vice versa? If "Yes", please give details <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		
Have you granted any authorization or power of attorney to any individual or party in the U.S. over your account at our Bank? If "Yes", please give details <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-top: 5px;"></div>		

Information to be Filled by Individuals with US Citizenship/Residency, or born in the U.S.

Name as shown in U.S. documents: _____ Tax Number (TIN): _____

Social Security Number: _____ Telephone Number: _____

I hereby declare that the details provided above are true, accurate and correct to the best of my knowledge and belief as of this date, and I hereby undertake to promptly inform the Bank of any changes to the information provided hereinabove.

Name: _____ **Signature:** _____

Date: _____

Power Of Attorney for Individual Account Holders

To: Palestine Investment Bank - Manama, Bahrain

Date: _____

I the undersigned _____ hereby authorize and appoint _____ (name of attorney), whose specimen signature appears hereunder, as authorized or me, on my behalf and account, to exercise full and unrestricted control in my name over my account/s and other assets/dealings with you, that is to say:

1. To open and/or operate any account including debit accounts that I may have with you from time to time.
2. To draw cheques and accept bills in my name per procuration for me or on my bank account or accounts, and from time to time pay and honour all such cheques and bills and debit the amount thereof to the said account or accounts for the time being with your Bank, whether such account or accounts are in credit overdrawn or otherwise at the time when such cheques and bills are presented to you for payment.
3. To draw bills on my behalf and to arrange terms with you for the discount thereof.
4. To deal with and withdraw any of my monies, property and securities from time to time held by you, and to take advances thereon, and to charge to you any monies, securities or other property of mine upon such terms and conditions as you may require.
5. From time to time on my behalf to certify the correctness of my account or accounts.
6. To endorse cheques, bills, notes, drafts, orders and any other documents per procuration for me or on my behalf and to pay monies to the credit of the said account or accounts and to receive cheques and other vouchers relating to the said account or accounts.
7. To deal with any monies (in any currency) or other assets of mine which you may be holding from time to time.
8. To act on my behalf in all matters of business with you as fully and effectually as I myself can.

I declare that the Attorney aforesaid may carry out any of the acts or transactions set out above notwithstanding that he/she may be the beneficiary thereof, and I undertake if so required at any time to ratify the act of the Attorney purporting to be done under the terms hereof.

This authority shall remain in force until its revocation in writing has been received by you. If it is not revoked by me before my death, it shall be considered fully binding until notice of my death is received by you.

Date: _____ at _____

Account Holder's Name: _____

Account Holder's Signature: _____

Power of Attorney Holder's Name: _____

Account Holder's Signature: _____

Witness Name: _____

Witness's Signature: _____

Indemnity to Operate Your Account by Fax/Email (Personal and Joint Accounts)

Do you wish to have a Fax/Email indemnity? ☐ Yes ☐ No

I/we hereby request and authorize Palestine Investment Bank to accept, rely upon and act in accordance with any instructions given by or purport to be given by myself/ourselves from time to time by Fax/Email, for the operation of my/our account(s) (the 'instructions'), whether such instructions include to pay money or otherwise to debit or credit any account, or relate to the disposition of any money, securities or documents, or purport to bind myself/ourselves to any agreement or other arrangement with the Bank or with any other person or to commit myself/ourselves to any type of transaction whatsoever, regardless of the nature of the transaction or arrangement or the amount of money involved.

I/we hereby undertake to indemnify fully and effectually and hold harmless the Bank, its Directors, Officers and Employees in respect of any claims, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature made against, or incurred by the Bank by reason of the Bank having accepted and acted upon the instructions.

The terms of this indemnity shall remain in full force and in full effect, unless and until the Bank receives, and has a reasonable time to act upon, notice of termination from myself/ourselves in writing. Provided further that such termination will not release me/us from any liability under this indemnity in respect of any act performed by the Bank in accordance with this mandate, prior to its termination.

In order for the Bank to ensure the authenticity of instructions transmitted via fax/email, please note that all instructions should bear a unique test code which will be provided to me/us by the Bank.

The Bank will not held responsible for non- execution of any instructions sent by fax/email that will either not bear a test code, or where that code is incorrect, or in the event that the instructions are not clearly legible, or appear to be ambiguous, contradictory or in any other way inconsistent.

This indemnity shall be governed by and construed in accordance with Bahrain Law, and the Bahraini courts shall have exclusive jurisdiction to resolve any dispute that may arise between the parties connected to this indemnity.

Fax number: _____ / _____ / _____

Email: _____ / _____ / _____

All Applicants must sign below

Name: _____

Signature: _____

Name: _____

Signature: _____

Name: _____

Signature: _____

Date: _____

Tax Residency Status Self-Certification for Individuals

In the context of improving international tax compliance with the Common Reporting Standard (CRS) for the automatic exchange of financial account information developed by the Global Forum of the Organisation for Economic Co-Operation and Development (OECD), PIB Bahrain is therefore required to collect certain information about each account holder's tax residency status, and to share this information with the Bahraini competent authorities where applicable.

Please complete the information below. If you have any questions about how to complete this form, contact your tax advisor.

Section 1: Account Holder Identification

Account Holder Name

Date of Birth (dd/mm/yyyy)

Place and Country of Birth

Permanent Residence Address:

Number & Street

City/Town

State/Province/County

Post Code

Country

Section 2: Declaration of Tax Residency

I hereby confirm that I am, for tax purposes, a resident in the following country or countries:

Country of Tax Residency	Tax Identification Number

Section 3: Declaration and Undertakings

I declare that the information provided in this form is, to the best of my knowledge and belief, accurate and complete. I undertake to advise **Palestine Investment bank (Bahrain)** promptly and provide an updated Self-Certification form within 30 days where any change in circumstances occurs which causes any of the information contained in this form to be inaccurate or incomplete. Where legally obliged to do so, I hereby consent to the recipient sharing this information with the relevant tax information authorities.

Name:

Signature:

Date (dd/mm/yyyy):

Know your Customer (KYC) Application Form – Individuals

Personal Information

Customer Account No.: _____

Customer Name: _____

ID Number: _____ Nationality: _____ Residency: _____

Personal Address

Mobile Number: _____ E-mail: _____

Home Address: _____

Area / City: _____ Postal Code: _____ Country _____

Work Status Code

Detailed Profession: _____ Economic Sector: _____

Employer Name: _____

Employer Address: _____

Financial Status

Annual Income: _____ Source of Funds: _____

Purpose of opening the account: _____

Account Usage / Volume

☐ Cash ☐ Deposited cheques ☐ Incoming Remittance ☐ Outgoing Remittance

☐ Others (_____)

Expected Inward Funds _____ Expected Outward Funds _____

I / We undertake to advise you immediately of any change in the above information.

Signature: _____ Date: _____