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PBFM25.1022.IA

Details of Applicant One

PERSONAL DETAILS

*Title: Mr Mrs Miss Dr Prof

*Last Name:

*First Name:

*Middle Names:

*Former names such as maiden names or names previously used, please state if none:

*Gender: M F

*Marital status: Single Married Divorced Other (please specify):

*Date of Birth: *Town / City of Birth:

*Country of Birth:

*Nationality:

*If you hold a dual nationality, please specify:

*Are you a U.S citizen: Yes No

If yes complete the W8 BEN & documentary evidence or W9 completed.

*Are you resident in the U.S: Yes No

*Are you a U.S Green Card holder: Yes No *Are you a U.S taxpayer: Yes No

CONTACT DETAILS

*E-mail address:

*Home telephone number:

*Work telephone number:

*Mobile:

*Current Residential Address:

*Length of time at this address: Years: Months:

*Previous residential address: (not required if you have lived at your current address for three years or more):

*Length of time at this address: Years: Months:

*Correspondence address if different from residential address:

EMPLOYMENT DETAILS

Employed Self employed House person Contracting

Not employed In full time education Retired

Occupation:

Name of employer and address:

Position currently held:

Nature of company's business:

Gross annual salary:

Other Income e.g. rental income, pension, dividend:

BANK DETAILSAccounts with Arab Bank Group: Yes NoIs Arab Bank your main bank: Yes No

Accounts with other banks:

Account number:

Branch:

Bank:

Address:

POLITICALLY EXPOSED PERSON DECLARATION (PEP)

Please read the definition below and confirm whether or not you are a PEP (or a close family member or close associate of a PEP):

A Politically Exposed Person is considered to be someone who has held in the past or currently holds a prominent public function, such as:

- Head or deputy head of state / national government
- Member of a ruling royal family with governing responsibilities
- National government minister (including deputy or assistant minister)
- Regional government head or minister
- Member of the national legislature
- Member of the court of auditors or board of a central bank
- Senior civil servant – national government
- Senior member of the armed forces, police services or security services
- Senior member of the judiciary (including members of supreme/constitutional court)
- State corporation board member
- Head of state agency equal to ministerial level
- Ambassador or chargé d'affaires
- Director, deputy director or member of the board or equivalent function of a public international / supranational organisation (excluding international sporting federations)
- Senior political party official
- Mayor of national capital city or city of international/national importance

I currently hold or have previously held a public function in the above list: Yes No

If YES, detail your current and post roles:

Role	Start date	End date

I am a close family member or close associate of someone that holds or has held a public function in the above list.

 Yes No

Close family: includes direct family members, spouses, children and their spouses, parents and siblings.

Close Associate: includes business colleagues or personal advisors.

If YES, detail the name of the person and their current and past roles:

Role	Start date	End date

Please confirm if you are the Director or Member of the Board of any Company / Charity Yes No (please provide details below)

Role	Company / Charity Name	Date from	Date to

SOURCE OF WEALTH

We need to understand your wealth and how it was acquired.

Your wealth	Currency and value	Details
Property Address, type, date acquired, estimated value and outstanding mortgage		
Investment, Savings Details of the nature, turnover and profits of the entity		
Income Details of previous profession, occupation, name of last employer		
Pensions Details of previous profession, occupation, name of last employer		
Other (please specify)		

Full Name: _____

Specimen signature: _____

Date: _____



Deposit Protection Information Sheet

Applicant One

Protected

BASIC INFORMATION ABOUT THE PROTECTION OF YOUR ELIGIBLE DEPOSITS

Eligible deposits in Europe Arab Bank plc are protected by:	The Financial Services Compensation Scheme ("FSCS").
Limit of protection:	£85,000 per depositor per bank.
If you have more eligible deposits at the same bank:	All your eligible deposits at the same bank are "aggregated" and the total is subject to the limit of £85,000.
If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately.
Reimbursement period in case of bank failure:	10 working days.
Currency of reimbursement:	Pound sterling (GBP/£) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
To contact Europe Arab Bank plc for enquiries relating to your account:	Europe Arab Bank plc Private Banking 35 Park Lane London W1K 1RB Tel: +44 (0)20 7355 8230 Email: privatebanking@eabplc.com
To contact the FSCS for further information on compensation:	Financial Services Compensation Scheme 10th Floor Beaufort House 15 St Botolph Street London EC3A 7QU Tel: 0800 678 1100 or 020 7741 4100 Email: ICT@fscs.org.uk
More information:	http://www.fscs.org.uk

ADDITIONAL INFORMATION

1. Scheme responsible for the protection of your eligible deposit
Your eligible deposit is covered by a statutory Deposit Guarantee Scheme. If insolvency of your bank, building society or credit union should occur, your eligible deposits would be repaid up to £85,000 by the Deposit Guarantee Scheme. The responsible Deposit Guarantee Scheme in the United Kingdom is the Financial Services Compensation Scheme (FSCS).
2. General limit of protection
If a covered deposit is unavailable because the bank is unable to meet its financial obligations, depositors are repaid by a Deposit Guarantee Scheme. This repayment covers at maximum £85,000 per bank. This means that all eligible deposits at the same bank are added up in order to determine the coverage level. If, for instance a depositor holds a savings account with £80,000 and a current account with £20,000, he or she will only be repaid £85,000.

In some cases eligible deposits which are categorised as "temporary high balances" are protected above £85,000 for six months after the amount has been credited, or, from the moment when such eligible deposits become legally transferable. These are eligible deposits connected with certain events including:

- a) Certain transactions relating to the depositor's current or prospective, only or main, residence or dwelling.
- b) A death, or the depositor's marriage or civil partnership, divorce, retirement, dismissal, redundancy or invalidity.
- c) The payment to the depositor of insurance benefits or compensation for criminal injuries or wrongful conviction.

More information can be obtained under <http://www.fscs.org.uk>.

3. Limit of protection for joint accounts
In case of joint accounts, the limit of £85,000 applies to each depositor. However, eligible deposits in an account to which two or more persons are entitled as members of a business partnership, association, or grouping of a similar nature, without legal personality, are aggregated and treated as if made by a single depositor for the purpose of calculating the limit of £85,000.
4. Reimbursement
The responsible Deposit Guarantee Scheme is the Financial Services Compensation Scheme, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU, Tel: 0800 678 1100 or 020 7741 4100, Email: ICT@fscs.org.uk. It will repay your

eligible deposits (up to £85,000) within 10 working days from 1 January 2021 to 31 December 2023; and within 7 working days from 1 January 2024 onwards, save where specific exceptions apply.

Where the FSCS cannot make the repayable amount available within 7 working days, it will, from 1 June 2016 until 31 December 2023, ensure that you have access to an appropriate amount of your covered deposits to cover the cost of living (in the case of a depositor which is an individual) or to cover necessary business expenses or operating costs (in the case of a depositor which is not an individual or a large company) within 5 working days of a request. Again, there are specific exceptions to this obligation.

In the case of a depositor which is a large company, where the FSCS cannot make the repayable amount available within 7 working days, it will, from 3 July 2015 until 1 December 2016, ensure that you have access to your covered deposits within 15 working days of a request containing sufficient information to enable it to make a payment, save where specific exceptions apply.

If you have not been repaid within these deadlines, you should contact the Deposit Guarantee Scheme since the time to claim reimbursement may be barred after a certain time limit. Further information can be obtained under <http://www.fscs.org.uk>.

OTHER IMPORTANT INFORMATION

In general, all retail depositors and businesses are covered by Deposit Guarantee Schemes. Exceptions for certain deposits are stated on the website of the responsible Deposit Guarantee Scheme. Your bank, building society or credit union will also inform you of any exclusions from protection which may apply. If deposits are eligible, the bank, building society or credit union shall also confirm this on the statement of account.

EXCLUSIONS LIST

A deposit is excluded from protection if:

1. The holder and any beneficial owner of the deposit have never been identified in accordance with money laundering requirements. For further information, contact your bank, bank building society or credit union.
2. The deposit arises out of transactions in connection with which there has been a criminal conviction for money laundering.
3. It is a deposit made by a depositor that is one of the following:
 - credit institution
 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund¹
 - public authority

The following are deposits, categories of deposits or other instruments which are no longer protected from 3 July 2015:

- Deposits of a credit union to which the credit union itself is entitled
- Deposits which can only be proven by a financial instrument² (unless it is a savings product which is evidenced by a certificate of deposit made out to a named person and which exists in a Member State on 2 July 2014)
- Deposits of a collective investment scheme which qualifies as a small company³
- Deposits of an overseas financial services institution which qualifies as a small company⁴
- Deposits of certain regulated firms (investment firms, insurance undertakings and reinsurance undertakings) which qualify as a small business or a small company⁵ – refer to the FSCS for further information on this category.

1. Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium-sized enterprises are not excluded.
2. Listed in Section C of Annex 1 of Directive 2014/65/EU
3. Under the Companies Act 1985 or Companies Act 2006
4. See footnote 3
5. See footnote 3

CUSTOMER ACKNOWLEDGEMENT - RETURN TO EUROPE ARAB BANK PLC

Please complete this acknowledgement to confirm that you have received this Deposit Protection information sheet and return to your Relationship Manager as soon as possible.

Acknowledgement of receipt by the depositor:

Depositor name: _____

Date: _____

Depositor signature: _____

Details of Applicant Two

PERSONAL DETAILS

*Title: Mr Mrs Miss Dr Prof

*Last Name:

*First Name:

*Middle Names:

*Former names such as maiden names or names previously used, please state if none:

*Gender: M F

*Marital status: Single Married Divorced Other (please specify):

*Date of Birth:

*Town / City of Birth:

*Country of Birth:

*Nationality:

*If you hold a dual nationality, please specify:

*Are you a U.S citizen: Yes No

If yes complete the W8 BEN & documentary evidence or W9 completed.

*Are you resident in the U.S: Yes No

*Are you a U.S Green Card holder: Yes No *Are you a U.S taxpayer: Yes No

CONTACT DETAILS

*E-mail address:

*Home telephone number:

*Work telephone number:

*Mobile:

*Current Residential Address:

*Length of time at this address: Years: Months:

*Previous residential address: (not required if you have lived at your current address for three years or more):

*Length of time at this address: Years: Months:

*Correspondence address if different from residential address:

EMPLOYMENT DETAILS

Employed Self employed House person Contracting

Not employed In full time education Retired

Occupation:

Name of employer and address:

Position currently held:

Nature of company's business:

Gross annual salary:

Other Income e.g. rental income, pension, dividend:

BANK DETAILSAccounts with Arab Bank Group: Yes NoIs Arab Bank your main bank: Yes No

Accounts with other banks:

Account number:

Branch:

Bank:

Address:

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- Regional government head or minister
- Member of the national legislature
- Member of the court of auditors or board of a central bank
- Senior civil servant – national government
- Senior member of the armed forces, police services or security services
- Senior member of the judiciary (including members of supreme/constitutional court)
- State corporation board member
- Head of state agency equal to ministerial level
- Ambassador or chargé d'affaires
- Director, deputy director or member of the board or equivalent function of a public international / supranational organisation (excluding international sporting federations)
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I currently hold or have previously held a public function in the above list: Yes No

If YES, detail your current and post roles:

Role	Start date	End date

I am a close family member or close associate of someone that holds or has held a public function in the above list.

 Yes No

Close family: includes direct family members, spouses, children and their spouses, parents and siblings.

Close Associate: includes business colleagues or personal advisors.

If YES, detail the name of the person and their current and past roles:

Role	Start date	End date

Please confirm if you are the Director or Member of the Board of any Company / Charity Yes No (please provide details below)

Role	Company / Charity Name	Date from	Date to

SOURCE OF WEALTH

We need to understand your wealth and how it was acquired.

Your wealth	Currency and value	Details
Property Address, type, date acquired, estimated value and outstanding mortgage		
Investment, Savings Details of the nature, turnover and profits of the entity		
Income Details of previous profession, occupation, name of last employer		
Pensions Details of previous profession, occupation, name of last employer		
Other (please specify)		

Full Name: _____

Specimen signature: _____

Date: _____



Deposit Protection Information Sheet

Applicant Two

BASIC INFORMATION ABOUT THE PROTECTION OF YOUR ELIGIBLE DEPOSITS

Protected

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If you have a joint account with other person(s):	The limit of £85,000 applies to each depositor separately.
Reimbursement period in case of bank failure:	10 working days.
Currency of reimbursement:	Pound sterling (GBP/£) or, for branches of UK banks operating in other EEA Member States, the currency of that State.
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EXCLUSIONS LIST

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3. It is a deposit made by a depositor that is one of the following:
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 - financial institution
 - investment firm
 - insurance undertaking
 - reinsurance undertaking
 - collective investment undertaking
 - pension or retirement fund¹
 - public authority

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1. Deposits by personal pension schemes, stakeholder pension schemes and occupational pension schemes of micro, small and medium-sized enterprises are not excluded.

2. Listed in Section C of Annex 1 of Directive 2014/65/EU

3. Under the Companies Act 1985 or Companies Act 2006

4. See footnote 3

5. See footnote 3

CUSTOMER ACKNOWLEDGEMENT - RETURN TO EUROPE ARAB BANK PLC

Please complete this acknowledgement to confirm that you have received this Deposit Protection information sheet and return to your Relationship Manager as soon as possible.

Acknowledgement of receipt by the depositor:

Depositor name: _____

Date: _____

Depositor signature: _____

Type of Account Required

Complete all mandatory fields (*). Failure to complete all the applicable sections fully may delay or prevent the opening of the account.

Sole Account

Joint Account (2 account holders)

Joint Account (more than 2 account holders)

Please complete additional account holder opening form(s)

For Joint Accounts

Each Joint Account Holder will be liable (individually and together) for any money due to us in respect of the Joint Account and will be bound by these Terms and Conditions (regardless of who incurred the debt or benefited from or participated in the transaction).

For full joint account operating terms and conditions, please refer to section 7.2 of the Private Banking Terms and Conditions booklet, enclosed with this application.

*FULL NAME(S):

Applicant 1:

Applicant 2:

*GENERAL:

Why would you like to open an account with Europe Arab Bank?

Introducer name/Recommended by

Purpose of Account Opening:

Savings: Current Account: Household Expenses: Loan Repayments: Other (please circle all that apply)

Additional Information:

Current Account	GBP	USD	EUR
*Expected amount to be deposited			
*Approximate Monthly Credit turnover			
*Approximate Monthly Debit turnover			

Inbound:	Cash deposits: Other Credits: 3rd Party Credits
Outbound:	Cash Withdrawals (Amount; Period: Reason: 3rd Party) : Visa cards : Direct Debits : Loans Amount : Other
*Receiving money from outside of the UK - expected countries to receive transfers from:	Incoming transfers from whose accounts? Name of banks? Which country?
*Sending money outside the UK - expected countries to send transfers to:	Outgoing transfers to which accounts? Name of banks? Which country?

Fixed Term Deposit	GBP	USD	EUR	Other Currencies
Expected amount to be deposited (a minimum of £100,000 or equivalent in another currency)				

RIGHT TO CANCEL

For a period of 14 days starting from the day after the date on which we open your account, you have the right to cancel your agreement with us by writing to us at 35 Park Lane, Mayfair, London W1K 1RB. If you cancel your agreement with us, we will give you your money back with any interest earned. We will ignore any notice period and will not impose any extra charges for this change, although normal charges for early withdrawal of Fixed Term Deposits will apply.

IN THE CASE OF JOINT ACCOUNTS

Correspondence and bank statements will only be sent to applicant one named on this form. Copies can be provided to other joint account holders on request.

DATA PROTECTION

The personal data which you provide to us on this form will be used for the purposes of: (i) administering your application and, if such application is successful, operating and administering the service, which may include passing your personal data to a third party solely for the purpose of credit checking; and (ii) sending you information about products and services and/or the products and services of the Arab Bank Group. Our enclosed privacy notice contains further information about how we collect, handle, store and transfer your personal data. You can also access a copy of the privacy notice on our website: <https://www.eabplc.com/PrivacyNotice>

We will pass your personal data where we are obliged to do so, to any regulatory authority by which we are regulated and in accordance with any legal requirement which applies to us.

In order to process your personal data for the purposes described above, we may transfer your personal data outside the United Kingdom to other members of the Arab Bank Group which is headquartered in Amman, Jordan, but we will always ensure that the transfer is lawful and that appropriate safeguards are in place before your personal information is transferred. For further information about our sharing of your personal data, please refer to our privacy notice.

Our privacy notice also sets out any rights that you may have under applicable data protection legislation and how to exercise these rights.

Please tick the box if you do not wish to receive marketing information on the Bank's other services or products.

Declaration and Signature

I/We hereby request and authorise the Bank to open/continue to hold an account(s) in my/our name(s) in accordance with the information provided in this application form and on the terms set out in the Private Banking Terms & Conditions (Personal Accounts) which includes the Scale of Charges and any Supplemental Conditions that apply to individual services or products that we provide to you.

I/We confirm that we have read and agree to be bound by the Private Banking Terms & Conditions (Personal Accounts) including the Scale of Charges and any Supplemental Conditions that apply to this/these account(s) in relation to any other individual services or products that we provide to you in accordance with these terms.

I/We authorise you to make any enquiries that you consider necessary to confirm the details on this form.

I/We confirm that the information provided is true and complete to the best of my/our knowledge.

I/We will notify the Bank immediately if any details stated on this application form change.

I/We have read and understood the privacy policy which contains details about how the Bank collects, handles, stores and transfers my/our personal data and my/our rights in relation to my/our personal data

Terms and conditions received

Privacy notice received

FSCS information sheet and exclusions list received

I authorise the Bank to act on signed instructions (including payment instructions) sent via the following methods:

Email: Yes No

Fax: Yes No

Signature(s) of Account Holder(s)

Name in full:	Specimen signature:	Date:

Signature(s) of Family member Account Holder(s):

Name in full:	Specimen signature:	Date:

Signing instructions: Single Joint Other

Once complete please print, sign and send to PrivateBanking@eabplc.com

BANK USE ONLY**Supporting documentation checklist**

- All mandatory fields are completed
- All applicants have fully completed all of the necessary questions in each section

Supporting Documents	Applicant one	Applicant two	Applicant three	Applicant four
Identification				
Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Passport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driving Licence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
National ID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others, please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address Verification				
Tenancy Agreement / Utility Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-ordinary Resident Check				
Not applicable – UK resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOR application completed – Non- UK resident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Self Certification Requirements				
Tax self certification completed and signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If US citizen/person/resident/ green card holder/resident alien	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completed and signed IRS Form W9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source of Wealth (SoW)				
Adequate evidence of Source of Wealth information Obtained where necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Source of Funds (SoF)				
Source of funds information obtained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Customer no: _____

Date: _____

Authorised: _____

RD: _____