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Not all products and services are regulated by the Financial Conduct Authority and the Prudential Regulation Authority.
IBFM12.0326

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



The Financial Services Compensation Scheme ('FSCS') protects deposits made by most individuals and businesses. Your account statement will confirm whether your deposits with Europe Arab Bank plc (EAB plc) are eligible for FSCS protection. Details of certain exclusions from the FSCS's protection are set out in the exclusions list after this information sheet.

Limit of protection	<p>£120,000 per depositor per bank, building society or credit union.</p> <p>If EAB plc goes out of business the eligible deposits with EAB plc will be added up and the £120,000 will be applied to the total balance. For example, if you hold a savings account with £80,000 and a current account with £50,000, FSCS will pay you £120,000 and you may lose £10,000.</p> <p>To ensure the FSCS can pay you promptly please ensure that EAB plc has your up-to-date contact details including your email address.</p>
Joint and group accounts	<p>Each eligible account holder is entitled to £120,000 protection in total. For example, if there are two account holders, you will each be entitled to £120,000 protection, giving a total of £240,000.</p> <p>Eligible deposits in business accounts are treated as if made by a single depositor. This means these types of account will only be protected up to £120,000.</p>
Temporary high balances	<p>If you have a 'temporary high balance' you may be entitled to more than £120,000 protection for six months from when the amount was first deposited or legally transferred. Temporary high balances are deposits connected with certain events, including:</p> <ul style="list-style-type: none"> a) Transactions relating to the purchase and sale of your main home. b) Major life events such as death, your marriage or civil partnership, divorce, retirement, redundancy, disability or incapacity. c) Compensation for personal injuries or wrongful conviction.
How the FSCS will pay you	<p>FSCS will typically return deposits within seven business days by cheque or electronic payment into an alternative account.</p> <p>Payments may take longer in exceptional circumstances, for example if there is a temporary high balance, or the deposit is held on behalf of underlying beneficiaries.</p>
Contact details for further questions about your account	<p>Europe Arab Bank plc 35 Park Lane London W1K 1RB Telephone: +44 (0)207 315 8500</p>
Contact details for more information on FSCS protection	<p>You can find more information on FSCS protection on its website at www.fscs.org.uk or by contacting the FSCS using the details below:</p> <p>Telephone: 0800 678 1100 Email: enquiries@fscs.org.uk</p>

EXCLUSIONS LIST

As set out in the Depositor Protection Information Sheet, deposits held by individuals and businesses will be generally eligible for FSCS protection up to the compensation limit. However, some exclusions do apply. Details of the most common exclusions are set out below. For full details of the exclusions please see the Depositor Protection Part of the PRA Rulebook.

A deposit is excluded from protection if it meets any of the following criteria:

(1) The account holder is:

- a credit institution
- a financial institution
- an investment firm
- an insurance undertaking
- a reinsurance undertaking
- a collective investment undertaking
- a pension or retirement fund
- a public authority, other than a small local authority

Note that:

- a) Deposits held on behalf of underlying beneficiaries who are eligible for FSCS protection, are not excluded.
- b) Personal pension schemes, stakeholder pension schemes or occupational pension schemes for micro, small and medium sized companies are not excluded.

(2) It is not held at a UK establishment of a bank, building society or credit union. Or, in the case of a bank, building society or credit union incorporated in the UK, it is not held at an establishment in Gibraltar.

(3) The deposit is involved in any transactions where there is a link to a criminal conviction for money laundering. For example, it is transferred from an account held by someone who has been convicted of money laundering.

CUSTOMER ACKNOWLEDGEMENT

Depositor name:

Signature:

Date:

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 DETAILS

Accounts with Arab Bank Group: Yes No

Is 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):

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- 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 Two



The Financial Services Compensation Scheme ('FSCS') protects deposits made by most individuals and businesses. Your account statement will confirm whether your deposits with Europe Arab Bank plc (EAB plc) are eligible for FSCS protection. Details of certain exclusions from the FSCS's protection are set out in the exclusions list after this information sheet.

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Temporary high balances	<p>If you have a 'temporary high balance' you may be entitled to more than £120,000 protection for six months from when the amount was first deposited or legally transferred. Temporary high balances are deposits connected with certain events, including:</p> <ol style="list-style-type: none"> Transactions relating to the purchase and sale of your main home. Major life events such as death, your marriage or civil partnership, divorce, retirement, redundancy, disability or incapacity. Compensation for personal injuries or wrongful conviction.
How the FSCS will pay you	<p>FSCS will typically return deposits within seven business days by cheque or electronic payment into an alternative account.</p> <p>Payments may take longer in exceptional circumstances, for example if there is a temporary high balance, or the deposit is held on behalf of underlying beneficiaries.</p>
Contact details for further questions about your account	<p>Europe Arab Bank plc 35 Park Lane London W1K 1RB Telephone: +44 (0)207 315 8500</p>
Contact details for more information on FSCS protection	<p>You can find more information on FSCS protection on its website at www.fscs.org.uk or by contacting the FSCS using the details below:</p> <p>Telephone: 0800 678 1100 Email: enquiries@fscs.org.uk</p>

EXCLUSIONS LIST

As set out in the Depositor Protection Information Sheet, deposits held by individuals and businesses will be generally eligible for FSCS protection up to the compensation limit. However, some exclusions do apply. Details of the most common exclusions are set out below. For full details of the exclusions please see the Depositor Protection Part of the PRA Rulebook.

A deposit is excluded from protection if it meets any of the following criteria:

(1) The account holder is:

- a credit institution
- a financial institution
- an investment firm
- an insurance undertaking
- a reinsurance undertaking
- a collective investment undertaking
- a pension or retirement fund
- a public authority, other than a small local authority

Note that:

- a) Deposits held on behalf of underlying beneficiaries who are eligible for FSCS protection, are not excluded.
- b) Personal pension schemes, stakeholder pension schemes or occupational pension schemes for micro, small and medium sized companies are not excluded.

(2) It is not held at a UK establishment of a bank, building society or credit union. Or, in the case of a bank, building society or credit union incorporated in the UK, it is not held at an establishment in Gibraltar.

(3) The deposit is involved in any transactions where there is a link to a criminal conviction for money laundering. For example, it is transferred from an account held by someone who has been convicted of money laundering.

CUSTOMER ACKNOWLEDGEMENT

Depositor name:

Signature:

Date:

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 9.2 of the Private Banking Terms and Conditions booklet (Islamic Personal Accounts), 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: Finance Payments: 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 : Financing 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. We will ignore any notice period and will not impose any extra charges for this change.

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/privacy_notice/

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 (Islamic 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 (Islamic 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

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: