

Habib Bank Zurich plc



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GRP	USD	FUR	Other			
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GBP	USD	EUR	Other			
						Public Limited Company Registered Charity
rporation	,					
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Branch

Tax Status

Please choose one option	Your business derives more than 50% of its income from manufacturing, commercial business and/or creation sale of goods/services		
	Your business derives more than 50% of its income from interest, dividend, income equivalent to interest, rents and royalties, annuities, the excess of gains over losses from the sale or exchange of property etc (Please complete Tax Status Declaration Form)		
Was your business established or is it resident fo	r tax outside the UK? (If yes, please provide details of tax residences below)		
	Yes No		
Country 1			
TIN/functional equivalent			
Country 2			
TIN/functional equivalent			
Country 3			

If a TIN is unavailable, please provide the appropriate reason A, B or C:

Reason A: The jurisdiction where the account holder is a resident for tax purposes does not issue TINs to its residents

Reason B: The account holder is unable to obtain a TIN. Explain why the account holder is unable to obtain a TIN if you have selected this reason

Reason C: TIN is not required. Select this reason only if the authorities of the jurisdiction of residence do not require the TIN to be disclosed

If you have selected Reason B, then please explain why:

Reason A Reason B Reason C

If the account holding Entity is not a tax resident in any jurisdiction due to the fact that it is fiscally transparent, please indicate the jurisdiction in which its place of effective management is situated.

Declarations and Undertakings

TIN/functional equivalent

- 1. For the duration of the contractual relationship with the Bank, I/We hereby confirm that I/We undertake to notify the Bank on my /our own initiative, if a change in circumstances makes any information on this account opening form signed by us (which for the purposes of this clause we shall call the "Form" and any other relevant form(s), where appropriate, incorrect and undertake to provide a suitably updated form within 30 days of such change.
- 2. I/We understand and acknowledge that you may provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or has similar power over us for tax purposes, a copy of this Form and any other relevant form(s), where appropriate and may disclose to such tax authorities or such party any additional information that you may have in your possession. I/We understand and acknowledge that information contained in this Form and information regarding income paid or credited to or for the benefit of the account(s) with us may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information to the country or countries in which the Entity and/or the Controlling Persons of Passive NFEs is/are resident for tax purposes pursuant to and in accordance with the relevant tax regulations.
- 3. I/We understand and acknowledge that you may provide, directly or indirectly, a copy of the form and any other relevant form(s), where appropriate and information relating to the account(s) with us, as required by law, to: (i) any person that has control, receipt, or custody of income to which this Form and any other relevant form(s), where appropriate relates; (ii) any person that can disburse or make payments of income to which this Form and any other relevant form(s), where appropriate relates; or (iii) any party authorised to audit or conduct a similar control of the account holder(s)/Controlling Person(s) for tax purposes.
- 4. Further, I/We understand and acknowledge that reporting and/or disclosure consequences may occur, if I/We fail to comply with my/our obligations to submit the necessary forms and/or documentation following a change in circumstances.
- 5. I/We confirm that all the assets deposited with the Bank are fully declared and subject to regular income / wealth taxation where the Account Holder and as the case may be the Controlling Person(s) of Passive NFEs is/are required to pay taxes in accordance with the relevant tax regulations.
- 6. I/We further confirm that the account holding Entity has been established for legitimate commercial reasons and that any and all transactions, in which the Bank is to provide banking services, are effected for the same reasons. Neither the account holding Entity nor any transaction, in which the Bank is to provide banking services, forms or is intended to form part of a scheme or an arrangement for which the main purpose, or one of the purposes, is the illegal avoidance of tax liability in the relevant tax jurisdiction(s).
- 7. I/We declare that I/We have examined the information on this Form and any other relevant form(s), where appropriate and to the best of our knowledge and belief it is true, correct, and complete.

	First applicant		Second applicant	
Business position	Director Authorised Signatory Other	Secretary Shareholder	Director Authorised Signatory Other	Secretary Shareholder
if other, please specify				
Existing customer if yes, please complete branch and account number Branch	Yes No		Yes No	
Account number				
Prefix	Mr Mrs Miss	Ms Dr Other	Mr Mrs Miss	Ms Dr Other
if other, please specify	1411 14113 141133	Mis bi other	WII WIIS WIISS	M3 DI Other
First name				
Middle name				
Surname				
Gender	Male Female		Male Female	
Marital status	Single Married	Other	Single Married	Other
if other, please specify				
Nationality Dual Nationality 1				
Dual Nationality 2				
Date of birth (DD/MM/YYYY)	/ /		/ /	
City of birth	/ /		/ /	
Country of birth				
Profession				
Type of ID	Passport UK Driving	g Licence Other	Passport UK Drivin	g Licence Other
if other, please specify	Passport ok blivilig	g Licence Other	Passport ok blivili	ig licence other
ID number				
ID expiry date (DD/MM/YYYY)	/ /		/ /	
Are you a UK resident	Yes No Other		Yes No Other	
if other, please specify				
Are you registered on the UK voters roll if no, do you have any County Court Judgements (CCJs)	Yes No		Yes No	
Visa type				
Visa reference number				
Visa expiry date (DD/MM/YYYY)	/ /		/ /	

Residential address	First applicant	Second applicant
Number / Name / Street		
City / County / State		
Country		
Postcode / Zip code		
Date moved to this address (DD/MM/YYYY)	/ /	/ /
Proof of address (dated within 3 months)	Utility bill Council tax bill	Utility bill Council tax bill
	Bank statement Driving licence	Bank statement Driving licence
	Government issued document	Government issued document
please specify government issued document		
Please give your previous address if you've be	en at your present address for less than three	e years.
Number / Name / Street		
City / County / State		
Country		
Postcode / Zip code		
Date moved to this address (DD/MM/YYYY)	/ /	/ /
Personal contact details		
Phone (mobile)		
Phone (work)		
Phone (residence)		
Email address		
Fax number		
Account operation		
Account operation	Single Either or Survivor Jointly	Other
if other, please specify		
Correspondence address		
Correspondence address		
Postcode / P.O. Box		
Type of services		
Type of services Cheque book	Yes No Paper statement E-statement	
Type of services Cheque book Statement (please select one)	Yes No Paper statement E-statement	
Type of services Cheque book Statement (please select one) if E-statement, please provide email address	Paper statement E-statement	
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Type of services Cheque book Statement (please select one) if E-statement, please provide email address Statement frequency Internet banking Please note that mobile number and the email preferred login name A (at least six characters) preferred login name B (at least six characters) Mobile number Email address	Paper statement E-statement Monthly Half-yearly Annually Yes No address is a mandatory requirement for HBZ In	dit balance only All credit transactions
Type of services Cheque book Statement (please select one) if E-statement, please provide email address Statement frequency Internet banking Please note that mobile number and the email preferred login name A (at least six characters) preferred login name B (at least six characters) Mobile number Email address GSM services Balance enquiries	Paper statement E-statement Monthly Half-yearly Annually Yes No address is a mandatory requirement for HBZ Inc Daily balance All debit balance Cre All transactions All debit transactions Other bank's cheque cleared Other ban	dit balance only
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Type of services Cheque book Statement (please select one) if E-statement, please provide email address Statement frequency Internet banking Please note that mobile number and the email preferred login name A (at least six characters) preferred login name B (at least six characters) Mobile number Email address GSM services Balance enquiries Transaction enquiries	Paper statement E-statement Monthly Half-yearly Annually Yes No address is a mandatory requirement for HBZ Inc Daily balance All debit balance Cre All transactions All debit transactions Other bank's cheque cleared Other ban	dit balance only All credit transactions

Introduction / reference					
Name of Introducer (Bank of applicable) of individual / emaintains account with our	entity who				
Branch					
Account number					
Signature					
Declaration of identity of the	e beneficial owner				
I / We the contracting partr owner(s) of the assets, dep contracting partner's details	osited under the above	e relationship. If the c		•	-
Last name, First name / (Company name)	0%	Date of Birth	Nationali		Address / registered office and country
The contracting partner und I / We confirm that to the b with any additional docume above information. I / We a to the opening of such according	est of my / our knowle entation which the Ban outhorise the Bank to m	edge and belief the ir k requires. I / We und	nformation given above dertake to advise the Ba	ink immediately of a	any changes affecting the
I'd like to receive exclusive ne material by email / post from	-	Yes No			
Declaration By signing this Account Ope Accounts. For your own ber understand any point pleas	nefit and protection you e ask for further inform	should read these to nation.	erms carefully before sig	ning this Account Op	pening Form. If you do not
By signing this form you are Sirat Business Accounts.	e confirming that you h	lave received, read al	nd agreed to the Bank's	General Banking Ter	rms and Conditions for
Name					
Signature					
Name					
Signature					
For official was as by		Account assesses offi		Dolationakia / D	ranch manager
For official use only Signature		Account opening offic	ler	Relationship / B	rancii inanayei —

The Manager	
Habib Bank Zurich plc	

Branch			
Date	/	/	

Dear Sir,

YOUR APPOINTMENT AS BANKERS OF OUR COMPANY:

We confirm that in the Board of Directors Meeting of our Company, the following Resolution was passed and entered in the Minute book.

" IT WAS RESOLVED:

- a. That an account or accounts be opened with **Habib Bank Zurich plc** with the instructions:
- (i) to honour and comply with all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders which may be drawn, accepted, made or given on behalf of this Company at any time or times whether the account or accounts of this Company be for the time being in credit or overdrawn or may become overdrawn in consequence of such debit,
- (ii) to honour and comply with all instructions to deliver or dispose of any securities or documents or property whether held as security or for safe custody by the Bank on behalf of the Company,
- (iii) to treat all cheques, bills, drafts, promissory notes, acceptances, negotiable instruments and orders as being endorsed, if required, on behalf of the Company and to discount or otherwise deal with them,
- (iv) to treat for and on behalf of the Company applications for financing / credit / debit card / internet banking and banking facilities including opening of letters of credit of any kind or Bank guarantees of Bonds of any kind, or instructions for sale of purchase of Foreign Exchange.

Provided that such cheques, bills, drafts, promissory notes, acceptances, negotiable instruments, or documents are signed by any of the following directors or Officers as stated below:

Names	Designation	Operation singly or jointly	Signature

- b. That a director of a Company has full authority in accordance with the Memorandum & Articles of Association; for and on behalf of the Company to arrange with the Bank from time to time banking or finance facilities whether secured or unsecured and to mortgage or charge all or any of the assets of the Company including goodwill and uncalled capital and to sign on behalf of the Company any documents from time to time required by the Bank relating to or for securing any liabilities of the Company to the Bank, and to sign any guarantees, indemnities or counter indemnities or other undertakings to the Bank.
- c. That the Bank be furnished with a copy of the Company's Memorandum and Articles of Association / Constitutional Documents and with copies of any amending special resolutions that may from time to time be passed.
- d. That the Bank be furnished with a list of the names of the directors, secretary and other officers of the Company and specimen signatures of authorised signatory on the account.
- e. That the resolutions shall be communicated to the Bank and remain in force until an amending resolutions shall be passed by the Board of Directors and a copy thereof certified by any two directors and the secretary shall be communicated to the Bank. "
- 2. We hereby certify the above Resolution to be a true copy from the Minutes of a properly and duly held meeting on

	Chairman / Director	Secretary / Director
Signature 1		
Signature 2		



Habib Bank AG Zurich is the trading name of Habib Bank Zurich plc. Registered office: Habib House, 42 Moorgate, London EC2R 6JJ. Registered in England and Wales: Company registered number: 08864609.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under registration number 627671.

Habib Bank Zurich plc is covered by the Financial Services Compensation Scheme.