

Personal Account

Opening Form

A/C Number. _____



Branch: _____

Date: _____

Your Personal Details

	Account Holder (1)	Account Holder (2)	Account Holder (3)
Title	Mr./Mrs./Ms./Others: _____	Mr./Mrs./Ms./Others: _____	Mr./Mrs./Ms./Others: _____
First Name			
Middle Name			
Last Name			
Name as it should appear on the Debit Card (19 characters including spaces, no special characters)	□□□□□□□□□□□□□□□□□	□□□□□□□□□□□□□□□□□	□□□□□□□□□□□□□□□□□
Passport / ID Number			
Country of Issue			
Issue Date	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
Expiry Date	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
Date of Birth (dd/mm/yy)*	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
Country of Birth			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality			
Do you have Multiple Nationalities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes (Please provide multiple Nationalities)	Nationality 1 _____ Nationality 2 _____	Nationality 1 _____ Nationality 2 _____	Nationality 1 _____ Nationality 2 _____
If No (Please provide only Nationality 1)	Nationality 3 _____	Nationality 3 _____	Nationality 3 _____
Country of Residence			

Your Employment Details

Employer			
Occupation			
Years with this Employer			
Previous Employer			
Years with previous Employer			
Salary (OMR)			
Other Income (OMR)			
Household Income (OMR)			

Employment Status

Organisation Type	<input type="checkbox"/> Public Sector <input type="checkbox"/> Armed Forces <input type="checkbox"/> Partnership	<input type="checkbox"/> Multinational Co. <input type="checkbox"/> Others <input type="checkbox"/> Private Ltd. Co.	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Government / Ministry <input type="checkbox"/> Proprietorship
Employment Status	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Both <input type="checkbox"/> Others
Salary Date : _____			

Your Contact Details

Employer address	Dept./ID Building (name/Number.) Floor Street (name/Number.) Nearest Landmark P.O. Box..... P.C. Number.: Area	Dept./ID Building (name/Number.) Floor Street (name/Number.) Nearest Landmark P.O. Box..... P.C. Number.: Area	Dept./ID Building (name/Number.) Floor Street (name/Number.) Nearest Landmark P.O. Box..... P.C. Number.: Area
Work Telephone Number			
Work Fax Number			
Work E-mail address			
Mobile Number			
Home address (in Oman)	Way Number. House Number. P.O. Box P.C. Number.: Street (name/Number.) Nearest Landmark	Way Number. House Number. P.O. Box P.C. Number.: Street (name/Number.) Nearest Landmark	Way Number. House Number. P.O. Box P.C. Number.: Street (name/Number.) Nearest Landmark
Residing at this address since date	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
If residing at the stated address for less than 3 years, please provide your previous residence address details			
Do you have multiple residential addresses	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide multiple addresses			
1-			
2-			
3-			
Home Telephone Number			
Home Fax Number			

Private E-mail address			
Permanent address (in home country)			
Telephone Number (in home country)			
Preferred Correspondence Address	<input type="checkbox"/> Work <input type="checkbox"/> Other	<input type="checkbox"/> Email <input type="checkbox"/> Other	<input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Other

Your contact preferences

You prefer to be spoken to in English Arabic

During the **week** you prefer to be contacted in the Morning Afternoon Evening at Business Home Others _____

by Phone Mobile E-mail Fax

And during the **weekend** in the Morning Afternoon Evening at Business Home Others _____

by Phone Mobile E-mail Fax

Power of Attorney

Will you be appointing a 'Power of Attorney' for this Account with the Bank? Yes No

If yes, please provide the residence address of the Power of Attorney

1. Main purpose of the account with HSBC Oman:

- Receipt of monthly salary/income
- Deposits/Savings
- Mortgage/Home Loan payment
- Receipt of Student Contribution
- Others, please specify _____

2. If visa is under process or you have moved to Oman in the last 6 months, what was the reason for moving into Oman:

- Employment
- Setting up a company
- Education
- Others, please specify _____

3. a. Any account(s) with HSBC outside Oman?

- Yes
- No

b. If yes, what are all the other countries where you hold an account with HSBC?

Name of Country(ies)

4. Sources(s) of funds: Source of Funds (SoF) refers to the source of the amount to be transferred to the HSBC account initially and on an on-going basis:

a. Non-cash transfers:

	Source of Funds	Amount Details (OMR)	Monthly volume of transactions	Name of Remitter / Employer/ Financial Institution	City / Country
<input type="checkbox"/>	Salary transfer from employer Bonus / Commission				
<input type="checkbox"/>	Transfer from my account(s) with another bank(s)				
<input type="checkbox"/>	Transfer from third party/parties (eg.: spouse/relatives) from another bank				
<input type="checkbox"/>	Cheque from my account with another bank				
<input type="checkbox"/>	Cheque from third party/parties from another bank				
<input type="checkbox"/>	Others, please specify:				

b. Cash

	Source of Funds	Amount Details (OMR)	Monthly volume of transactions	Source	Proof / Evidence
<input type="checkbox"/>	Cash Deposit				

5. Considering all the sources of your account funding, what is the total estimated value of funds to be deposited into your account within the 12 months

OMR

6. What is the expected total relationship balance to be held in your account within the next 12 months?

OMR

7. Over the coming year, list details where you are currently sending or expecting to send funds to using your HSBC's Oman account, including domestic transfers in Oman:

Country	Total Value of transactions (OMR/Foreign currency)	Method of transfer	Purpose	Frequency (Monthly/ Yearly)	Beneficiary (i.e. the person entitled to receive the transfer)	Relationship with Beneficiary	Name of the Financial Institution

8. a. In the next 12 months, do you expect to do significant cash withdrawal(s) from your account?

Please Select

b. If yes, please mention the details below:

	Amount Dtails (OMR)	Frequency (Monthly/ Yearly)	Perpose
<input type="checkbox"/>	Cash Withdrawals		

9. If you are purchasing any banker's draft or cashier's order in the next 12 months, please mention the details below:

Monetary instrumnt	Value (OMR/ Foreign currency)	Frequency (Monthly / Yearly)	Perpose	Beneficiary (i.e. the person to be paid)

10. Countries where you are obliged to pay tax:

Name of Country(ies)

11. Connected Party

Please list the connected / associated parties who have control or influence over your account:

(Please use continuation sheet if required)

- | | |
|---|---|
| <input type="checkbox"/> Supplementary cardholder | <input type="checkbox"/> Transfer of Funds to a student |
| <input type="checkbox"/> Power of Attorney | <input type="checkbox"/> Cash depositor |
| <input type="checkbox"/> Guardian / Parent | <input type="checkbox"/> Financial/Investment Advisor |
| <input type="checkbox"/> Contributor to source of wealth i.e. transfers of funds to account holder outside the normal course of business where the /contribution is 50% or above the source of wealth | |

Full Name	
Former Name or alias, if any	
ID/Passport number	
Date of Birth	
Country of birth	
Residential Address	
Email Address	
Telephone Number	
Nationality/ Citizenship (including all nationalities held / citizenships)	
Relationship to you	

My Account Type

- Current Statement Savings Mandoos e-wallet
 Others _____

Currency

- OMR USD EUR GBP AED

My Preferred Banking Package / Service

- Advance Salary Based Advance Deposit Based

About you (Thank you for taking the time to give us further details about yourself. We shall use this to help us serve you better)

You are Single Married Other _____ and have _____ dependents.

Your spouse name is _____ and you have _____ children

Child Name _____ Date of Birth (DD/MM/YY) _____

Child Name _____ Date of Birth (DD/MM/YY) _____

Child Name _____ Date of Birth (DD/MM/YY) _____

Education Level Primary High School Graduate Post Graduate Professional

Hobbies / Interest _____ Car Owner Yes No

Home ownership status Owned Rented Company-provided

Your Declaration

I/We agree that the information given above is true and complete and that I/we have received the Bank's General Terms and Conditions and tariff of charges for Operation of Account and Electronic Banking Services as well as for the SMS Alerts which I/we understand and expressly agree and accept to be bound by them whether set out in English and/or Arabic. I/We understand that the Bank's General Terms and Conditions for the Operation of Accounts and Electronic Banking Services shall apply to any personal account(s) that I/We may hold with the Bank from time to time.

I/We agree and accept to be bound by the Bank's Schedule of Services and Tariffs as amended from time to time. A copy of the current tariff is available at www.hsbc.co.om

Joint Accounts only

We acknowledge that the provisions for the joint account mandates are set out in the Bank's General Terms and Conditions. We note, that if we elect to use Personal Internet Banking Service, we will be required to accept the relevant Personal Internet Banking Service Terms and Conditions online. We agree that where we accept the Personal Internet Banking Services Terms & Conditions online, we will be agreeing to accept and be bound by them and any subsequent amendments, whether set out in English and/or Arabic.

Signing Instructions:

Anyone

Jointly

Name: _____

Name: _____

Name: _____

*Please ensure signature is within box provided in **Black ink** only.*

*Please ensure signature is within box provided in **Black ink** only.*

*Please ensure signature is within box provided in **Black ink** only.*

Declaration of Primary Card Applicant

I/We hereby apply for the issue of an HSBC Card(s) and declare that the information provided in this application is true and correct and authorise HSBC to verify this information from whatever sources that it may choose. I/We accept that HSBC is entitled in its absolute discretion to accept or reject an application without assigning any reason whatsoever. I/We acknowledge that the use of my/our HSBC Card(s) is subject to Terms and Conditions accompanying the HSBC Card(s) (which may be amended from time to time at HSBC's sole discretion). I/We understand that by using the HSBC Card(s) or Supplementary HSBC Card(s) I/We accept the terms and conditions and that I/We shall be liable, unconditionally, for any amounts outstanding on both my/our HSBC Card(s) and any Supplementary HSBC Card(s).

We have received a copy of Tariff of Charges.

Where an application is made now or in the future, I/We hereby authorise HSBC to issue Supplementary HSBC Card(s) for use on my/our account to the person(s) named who is/are over 18 years of age and agrees that you can provide relevant information to the Supplementary HSBC Cardholder about the account. I/We accept that any account(s) operated in conjunction with the HSBC Card(s) will be subject to the Terms and Conditions which govern the ATM facility as stated in the HSBC Card Terms and Conditions.

Primary Card Applicant

First Supplementary Card Applicant

Second Supplementary Card Applicant

Name: _____

Name: _____

Name: _____

I am over 21 years of age.

Please ensure signature is within box provided in **Black ink** only.

I am over 16 years of age.

Please ensure signature is within box provided in **Black ink** only.

I am over 16 years of age.

Please ensure signature is within box provided in **Black ink** only.

Documents required:

A) Customer

- 1) Original valid Passport
- 2) Valid Oman residency visa or Letter from Employer stating visa under process (For non GCC nationals only)
- 3) Valid Omani ID or another government issued ID showing name, date of birth and photo
- 4) Proof of residential address: Please provide any one of the documents listed in the table below, depending on your employment and / or circumstances:

All customers	<ul style="list-style-type: none"> • Utility Bill dated within the last four months • Landline phone / Internet bills dated within the last four months • Current valid tenancy contract • Bank statements, or credit/debit card statements dated within the last four months (or annual bank statements) if they state the full residential address
Salaried Individuals	<ul style="list-style-type: none"> • Salary transfer letter or salary certificate or employer letter dated with the last four months confirming the employer PO Box and full physical address
Sole Trade or Business owner	<ul style="list-style-type: none"> • Valid trade license of their business entity owned by the individual with the PO box & full physical address • Utility bills dated within the last four months of the business entity owned by the individual • Current valid tenancy contract of the business entity owned by the individual
Student	<ul style="list-style-type: none"> • Letter from the university confirming their enrolment status and university address
Other including not employed and retired	<ul style="list-style-type: none"> • Letter from sponsor (Husband/ Wife/ Father/ Mother/ Brother/ Sister/ Daughter/Son) confirming residential address AND the sponsor's proof of address as per other categories listed above • Visitation by an HSBC employee to the identified residential address.

- 5) Proof of source of funds: Please provide any **one** of the options listed in the table below:

Salaried	<ul style="list-style-type: none"> • Salary transfer letter or salary certificate or employer letter dated with the last four months or • Last 3 months bank statements showing salary payment deposits
Sole Trade or Business owner	<ul style="list-style-type: none"> • Valid trade license of their business entity owned by the individual and • Copy of last 3 months bank account statements of the business
Pensioner / Retired	<ul style="list-style-type: none"> • Annual pension statement, pension pay slips dated within the last four months
In case of cash deposit	<ul style="list-style-type: none"> • Proof of source of cash
Student	<ul style="list-style-type: none"> • Letter from University with the course end date • Where the contributions are made to a student account equal or more than USD 75,000, the contributor's details (connected party) such as full name, date of birth and residential address must be obtained
Non employed	<ul style="list-style-type: none"> • Proof of source of funds from the sponsor or contributor.

Documents required:

B) Connected Parties

- 1) Original valid Passport
- 2) Valid Oman residency visa or Letter from Employer stating visa under process (For non GCC nationals only)
- 3) Valid Omani ID or another government issued ID showing name, date of birth and photo
- 4) Proof of residential address : Please provide any **one** of the documents listed in the table below, depending on your employment and / or circumstances:

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Salaried Individuals	<ul style="list-style-type: none"> • Salary transfer letter or salary certificate or employer letter dated with the last four months confirming the employer PO Box and full physical address
Sole Trade or Business owner	<ul style="list-style-type: none"> • Valid trade license of their business entity owned by the individual with the PO box & full physical address • Utility bills dated within the last four months of the business entity owned by the individual • Current valid tenancy contract of the business entity owned by the individual
Student	<ul style="list-style-type: none"> • Letter from the university confirming their enrolment status and university address
Other including not employed and retired	<ul style="list-style-type: none"> • Letter from sponsor (Husband/ Wife/ Father/ Mother/ Brother/ Sister/ Daughter/ Son) confirming residential address AND the sponsor's proof of address as per other categories listed above • Visitation by an HSBC employee to the identified residential address.

