

ACCOUNT OPENING FORM & KNOW YOUR CUSTOMER FORM (FOR INDIVIDUAL/ COMPANY/ SOLE-PROP/ PARTNERSHIP) and FATCA/CRS SELF-CERTIFICATION FORM

Note:

- A separate AOF/KYC form is required for all joint accountholders
- A separate AOF/KYC form is required for each shareholder with 20% or more ownership
- A simplified KYC form is required for each corporate shareholder with 20% or more ownership.

SECTION A: TO BE COMPLETED BY AN INDIVIDUAL ACCOUNT HOLDER (FOR INDIVIDUAL) OR COMPANY'S AUTHORIZED SIGNATORY (FOR CORPORATE)				
Type of Account	<input type="checkbox"/> Personal / Joint Account			
	<input type="checkbox"/> Corporate			
Details and CRS Self-Certification for Individual / Controlling Person	Family Name or Surname :			
	First name or Given Name:			
	Middle Name:			
	NRIC/Passport No:			
	Title:			
	Current Business / Residence Address: (Unit No/ Building/ Number/ Street/ Town/ Country)			
	Current Mailing Address: (Unit No/ Building/ Number/ Street/ Town/ Country)			
	Date of Birth:			
Place of Birth (Town/State/Country):				
CRS Self Certification for Controlling Person¹ -Legal name of entity of which you are a CP.		<i>Entity 1</i>	<i>Entity 2</i>	<i>Entity 3</i>
	Legal Name :			
	Type of Controlling Person ² :			
Details and CRS Self-Certification for Entity	Legal Name:			
	Registration No:			
	Country of incorporation :			
	Date of incorporation:			
	Current Business / Residence Address: (Unit No/ Building/ Number/ Street/ Town/ Country)			
	Current Mailing Address: (Unit No/ Building/ Number/ Street/ Town/ Country)			

¹ CP is a natural person who exercise control over an entity. As per FATF, beneficial owner refers to the natural person(s) who ultimately owns or controls a customer⁵¹ and/or the natural person on whose behalf a transaction is being conducted. It also includes those persons who exercise ultimate effective control over a legal person or arrangement.

² Type of A) Controlling Person of a legal person - Control by ownership, Control by other means, Senior managing official, B) Controlling Person as trust either as a – settlor/ trustee/ protector/ beneficiary/ other. C) Controlling person of a legal arrangement (non-trust) – settlor/ trustee, protectore, beneficiary, other – equivalent.

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	Telephone number:
	Fax number:
	Website :
Type of Entity [Please tick (/) where applicable]	<input type="checkbox"/> (1)(a)(i)_ Financial Institution – Investment Entity located in Non-Participating jurisdiction and managed by another FI GIIN No for FATCA: _____
	<input type="checkbox"/> (1)(a)(ii)_ Other Investment Entity GIIN No for FATCA: _____
	<input type="checkbox"/> (1)(b)_ Financial Institution – Depository Institution, Custodial Institution, Specified Insurance Co. GIIN No for FATCA: _____
	<input type="checkbox"/> (1)(c)_ Active NFE – a corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation If you have ticked c), please provide the name of the established securities market on which the corporation is regularly traded: _____
	<input type="checkbox"/> 1(d)_ Active NFE ³ – a Government Entity or Central Bank
	<input type="checkbox"/> 1(e)_ Active NFE – an International Organisation
	<input type="checkbox"/> 1(f)_ Active NFE – other than (c) – (e) (for example a start-up NFE or non-profit (NFE))
	<input type="checkbox"/> 1(g)_ Passive NFE

³ NFE - Non-Financial-Entity

Passive NFE - (i) NFE that is not an Active NFE; and (ii) an Investment Entity described in subparagraph A (6) (b) Section VIII of the CRS.

Active NFE - Any NFE can be an Active NFE, provided that it meets any of the criteria listed below. In summary, those criteria refer to:

- active NFEs by reason of income and assets; • publicly traded NFEs; • Governmental Entities, International Organisations, Central Banks, or their wholly owned Entities; • holding NFEs that are members of a nonfinancial group; • start-up NFEs; • NFEs that are liquidating or emerging from bankruptcy; • treasury centres that are members of a nonfinancial group; or • Non-profit NFEs.

An Entity will be classified as an ACTIVE NFE if it meets any of the following criteria:

- a) less than 50% of the NFE's gross income for the preceding calendar year or other appropriate reporting period is passive income and less than 50% of the assets held by the NFE during the preceding calendar year or other appropriate reporting period are assets that produce or are held for the production of passive income;
- b) the stock of the NFE is regularly traded on an established securities market or the NFE is a Related

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		Name of Controlling Person : _____		
Type of Entity (Corporate)	<input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Listed Public Company <input type="checkbox"/> Unlisted Private Company <input type="checkbox"/> Sole Proprietor/ Partnership	<input type="checkbox"/> Regulated Financial Institution <input type="checkbox"/> Government / Government Linked <input type="checkbox"/> <input type="checkbox"/> Others: _____		
Nature of Business (Corporate)				
Occupation (Individual)				
Countries of Tax Residences (for CRS ⁴ Self-Certification)	Jurisdiction of Residences for Tax Purposes	Taxpayer Identification Number (TIN) or equivalent	Country Does Not Issue TIN/Equivalent	
FATCA ⁵ Self-Certification US Citizenship/ Residency [Please tick (/) where applicable]	<input type="checkbox"/>	I hereby certify that I am a U.S. Citizen and/or that I am a tax resident of the U.S. and that I have stated that U.S. as one of the jurisdictions of taxation in the section above, including my U.S. TIN.		
	<input type="checkbox"/>	I hereby certify that I am not a U.S. citizen, and neither I am a tax resident in the U.S. in accordance with the U.S. Internal Revenue Service Regulation.		
Type of Account	<input type="checkbox"/> Murabaha Deposit <input type="checkbox"/> Current Account	<input type="checkbox"/> Others – please specify <input type="checkbox"/>		
Currency	<input type="checkbox"/> USD	Others – please specify		
Purpose of Account				
Bank Details – Standard Settlement Instructions (where applicable)	Bank Name	Account No	Currency	Swift Code

⁴ Is a new information-gathering and reporting requirement for FIs introduced by government around the world to help fight against tax evasion and protect the integrity of tax system. Your "tax resident" will be determined and shared between different countries' tax authorities. Further details can be found on <http://www.oecd.org/tax/automatic-exchange>.

⁵ FATCA stands for the Foreign Account Tax Compliance Act; is a United States ("US") legislation that primarily aims to prevent tax evasion by US taxpayers by using non-US financial institutions and offshore investment instruments.

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Documentary Evidence ⁶ (As per type of account)	Document Required ⁷	Available?
Individual	• National Registration Identity Card (Local)	
	• Passport (Foreigner)	
	• Original & copy of utility bills	
Private/ Private Limited Company	• Form 9 (Certificate of incorporation and/or certificate of commercial registration ⁸)	
	• Memorandum and articles of association	
	• Return on allotment of shares (i.e. Form 24 or equivalent form)	
	• Returns of particulars of directors (i.e. Form 49)	
Sole-prop/ Partnership	• Certificate of incorporation and/or certificate of business registration	
Additional documents for Company, Sole-prop/Partnership, Trustee	• Profile of business, organization chart and profile of key management	
	• Audited accounts for last 3 years and/ or latest Management Account	
	• Bank statements for last 6 months	
	• Current debtors & creditors ageing reports	
	• Relevant documents in relation to net worth of the business owner / sole proprietor	
	• NRIC/ Passport for the signers/ guarantors (who are not directors/shareholders)	
List of directors (as per latest Form 24) or partner (for partnership)	• Original & copy of utility bills	
	Name of Director/ Partner	NRIC/ Passport No
	1)	
	2)	
	3)	
	4)	
5)		

⁶ . If original document is not sighted, copy of document must be duly certified by certifying authorities as provided in AML/CFT Manual.

⁷ Photocopy of those documents must be dated, signed and marked "original" sighted by the RM.

⁸ Cert of Incorporation, M&A, directors details, shareholders details are exempted for local and foreign listed Co, GLC, FFI not from high risk countries, licensed entities under CMSA, IFSA, DFIA

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List of shareholders and respective shareholdings (as per latest Form 24)	Name of shareholders		% of shareholdings
	1)		
	2)		
	3)		
	4)		
	5)		
6)			
How do you find out about AKIIB	<input type="checkbox"/>	Marketing team from AKIIB	<input type="checkbox"/> Website
	<input type="checkbox"/>	Referred by:	<input type="checkbox"/> Others: _____
For Deposit - Source of funds for the proposed investment with AKIIB			
For Financing - Source of funds for the payment for the servicing of profit/settlement of financing with AKIIB			
Estimated investment capability/ financing exposure through AKIIB	USD : _____		BD : _____
	SR : _____		Others: _____
Estimated Investment tenure	Short (1-3 years): _____		Long (> 5 years) : _____
	Medium (>3 – 5 years): _____		
Existing bankers/ financial Institutions (Top 3 bankers)			
	Bank 1	Bank 2	Bank 3
Banker name:			
Address of banker:			
Tel no of banker:			
Relationship since:			
Types of Credit/ Loan/ Financing facilities:			

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Amount of Credit/ Loan/ Financing facilities:			
Details of top 5 Suppliers (for financing only)	Name:	Address	Tel no, Fax No, Email
	1.		
	2.		
	3.		
	4.		
	5.		
Details of top 5 buyers / clients / awarders (for financing only)	Name:	Address	Tel no, Fax No, Email
	1.		
	2.		
	3.		
	4.		
	5.		
DECLARATION AND CONSENT	<ol style="list-style-type: none"> 1. I/we, the account holder of the above stated account DO HEREBY DECLARE AND CONFIRM that the conduct of the Account is within the Anti-Money Laundering, Anti-Terrorism Financing and Proceeds of Unlawful Activities Act 2001 ("AMLA") and the guidelines, circulars and / or notices issued hereunder. 2. I/we, the account holder of the above stated account DO HEREBY DECLARE AND CONFIRM that the account is for my/our own behalf, and not for any third parties. 3. I/we undertake and agree to supply Alkhair International Islamic Bank Berhad ("AKIIB" or "the Bank") promptly: <ol style="list-style-type: none"> a. With certified true copies of any documents that maybe required for the purpose of verifying the information provided by us herein, which copies thereafter may be retained by AKIIB. b. Such information as may be required from us for purposes of complying with its reporting conditions under Malaysian law, in particular but not limited to the provisions of AMLA. 4. All particulars and information given by me/us in this Application Form and the Supporting documents thereto are true, accurate, complete and correct and the Bank is entitled to rely upon any of the information (with or without or further verification). The Bank shall be entitled but is under no obligation whatsoever to verify any of the information and the Applicant authorities the Bank to verify the information provided and to obtain from any Financial Institution and any other sources the Bank shall deem necessary which the Bank may require. 		

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5. I/we agree and undertake irrevocable and unconditionally to:
 - a. Abide and be bound by the terms and conditions governing the account or services as may be extended to the Applicant by the Bank from time to time; and
 - b. Advise the Bank forthwith in writing, any change to the information provided in this Application Form.
6. I/we understand that this application is subject to the Bank's approval and the Bank is absolutely entitled at the Bank's sole discretion to accept or reject the application without assigning any reason.
7. I/we hereby give my/our irrevocable consent for the Bank to obtain, process and disclose and / or transfer all particulars and information of the Applicant at any time whatsoever to the Bank Alkhair, such authority or body having jurisdiction over the Bank, the Bank's assignees or transferee and / or any other person whomsoever as the Bank may as its sole and absolute discretion deem fit and / or as may be permitted by any law, court, legal process or as requested by any authority and each of them may in turn further disclose and / or transfer any of the particulars and information as required by any law, court, legal process or as requested by any authority in accordance with which it is required to act as it may at its discretion determine. I/we hereby confirm that I/we have read and understood the terms as defined in AKIIB's PDPA Notice, a copy which is also available at <http://www.alkhairmalaysia.com/Web/Notice-PDPA.html>.
8. I/we understands the concept of MURABAHAH deposit placements and agreeable to the MURABAHAH terms and conditions. With this agreement, the applicant is governed by the Association of Islamic Banking Institutions Malaysia (AIBIM) Master Agency Agreement and Corporate Murabahah Master Agreement in executing the deposit placements.
9. I/we agreed that for deposit accepted as security pledged account, this Bank will safe-keep this fund on my/our behalf under Wadiah Yad Dhamanah concept and the bank at its own discretion has the right to pay or not to pay hibah over the deposit'.
10. I/we agreed that should there be no instructions for remittance upon maturity of the deposit, the Bank will safe-keep this fund on my/our behalf under Wadiah Yad Dhamanah concept until such remittance or instructions are given.

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<p>Declaration by individual or authorized signatory(ies) of the company</p>	<p>Declaration and Signature:</p> <p>I/ We being the authorized signatory(ies) for the company hereby solemnly declare, confirm and certify:</p> <ul style="list-style-type: none"> a) That all information and documents are correct and in accordance with the truth and certifies that the information provided on this form is, to the best of its knowledge and belief, accurate and complete; b) That my/our business transactions are not related to any illegal/criminal activities; c) That I/we are hereby give our irrevocable consent for the Bank to obtain, process and disclose and/or transfer all particulars and information of the Applicant at any time whatsoever to the Bank's branches, Bank Alkhair, such authority or body having jurisdiction over the Bank, the Bank's assignees or transferee and/or any other person whomsoever as the Bank may as its sole and absolute discretion deem fit and/or as may be permitted by any law, court, legal process or as requested by any authority and each of them may in turn further disclose and/or transfer any of the particulars and information as required by any law, court, legal process or as requested by any authority in accordance with which it is required to act as it may at its discretion determine. I/we hereby confirm that I/we have read and understood the terms as defined in AKIIB's PDPA Notice, a copy which is also available at http://www.alkhairmalaysia.com/Web/Notice-PDPA.html; d) That I/we will request in writing to AKIIB should we require an information as to which my/our personal data has been processed by the Bank and if I/we wish to request for correction of erroneous or misleading information, e) That I/we understand that the information supplied by me/us is covered by the full provisions of the terms and conditions governing the Account Holder's relationship with AKIIB setting out how AKIIB may use and share the information supplied by me; f) That I/we acknowledge that the information contained in this form and information regarding the Account Holder and any Reportable Account(s) may be provided to the tax authorities of the country in which this account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the Account Holder may be tax resident; pursuant to intergovernmental agreements to exchange financial account information. g) That I/we am/are the Account Holder (or am authorised to sign for the Account Holder) of all the account(s) to which this form relates; h) That where I/we have provided information regarding any other person (such as a Controlling Person or other Reportable Person to which this form relates) that I will, within 30 days of signing this form, notify those persons that I have provided such information to AKIIB and that such information may be provided to the tax

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	<p>authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the person may be tax resident pursuant to intergovernmental agreements to exchange financial account information;</p> <ul style="list-style-type: none"> i) The Account Holder undertakes to notify AKIIB immediately of any change to the above information and should AKIIB did not receive any notification from the Account Holder, the current information supplied is valid; and j) The Account Holder hereby agrees to provide AKIIB upon request with any information on documentation which is necessary or desirable for AKIIB to comply with any obligation AKIIB may have in connection with U.S. FATCA and the CRS. 		
	<p>CRS & FATCA Declaration:</p> <p>I declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.</p> <p>I undertake to advise AKIIB within 30 days of any change in circumstances which affects the tax residency status of the Account Holder or causes the information contained herein to become incorrect (including any changes to the information on controlling persons), and to provide AKIIB a suitably updated self-certification and Declaration within 90 days of such change in circumstances.</p>		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"> <p>Signature:</p> <p>Name:</p> <p>Designation</p> <p>Date:</p> <p>Capacity :</p> </td> <td style="width: 50%; padding: 5px;"> <p>Signature:</p> <p>Name:</p> <p>Designation</p> <p>Date:</p> <p>Capacity:</p> </td> </tr> </table>	<p>Signature:</p> <p>Name:</p> <p>Designation</p> <p>Date:</p> <p>Capacity :</p>	<p>Signature:</p> <p>Name:</p> <p>Designation</p> <p>Date:</p> <p>Capacity:</p>
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	<p>Method of Signing :</p> 		
	<p>_____</p> <p>Please affix official rubber stamp of the company</p>		

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Authorized signatory	Specimen Signature
Name: Identification number: Designation: Date:	
Name: Identification number: Designation: Date:	
Name: Identification number: Designation: Date:	
Name: Identification number: Designation: Date:	
Name: Identification number: Designation: Date:	
Name: Identification number: Designation: Date:	
Name: Identification number: Designation: Date:	