

Retail Products

Application Form

Standard
Chartered



Standard Chartered Application Form

For prompt processing of your application please:

- Select boxes as appropriate and write N/A where not applicable to you.
- Complete all sections of the application form.
- Countersign all changes or corrections you make.
- Fill all fields in clear CAPITAL letters.

1 Please tell us about yourself

Salutation/Title Mr. Mrs. Ms. Dr. Sh. Sha.

Other _____ (please specify)

Full Name

F I R S T

M I D D L E

L A S T

Gender Male Female

Date of Birth / /

Nationality _____

Passport Number (mandatory for expatriates)

Expiry Date / /

CPR Number/Other ID Number (for GCC Nationals)

Expiry Date / /

Country of Residence _____

No. of dependents _____ No. of cars owned _____

Marital Status Married Single Other _____ (please specify)

Education Status High School Diploma Graduate

Post Graduate Other _____ (please specify)

Mother's maiden name (security question) _____

Contact Details

Mobile

- -

Country Code Area Code Telephone

Home

- -

Country Code Area Code Telephone

Office

- -

Country Code Area Code Telephone

Email Address (one address only)

Home Country Telephone Number (expatriates only)

- -

Country Code Area Code Telephone

Residential Address

Flat/Villa No. _____ Building No. _____

Road No. _____ BlockNo. _____

City _____ Country _____

PIN _____
(where applicable)

Mailing Address*

Same as residence address Other

Flat/Villa No. _____ Building No. _____

Road No. _____ Block No. _____

City _____ Country _____

P.O. Box/PIN _____

Home Country Residential Address (for expatriates only)

* Please note that all correspondence will be carried out at the above mailing address.

Employment Details

Salaried Self-employed Other _____ (please specify)

Name of Employer / Name of Company (if self-employed)

C.R.No. (if self employed)

Business establishment Date (if self employed)

/ /

Address of Business (if self employed)

Nature/Type of Business

Financial Services Government Trading

Real Estate Other _____ (please specify)

Occupation/Designation _____

Source of funds _____

About your income

Monthly Gross Income BD.

Contact details of a friend or a relative residing in Bahrain

Name

Mobile Number

- -

Country Code Area Code Telephone

Residence or Office Number

- -

Country Code Area Code Telephone

Business Relations with other banks in Bahrain/Offshore?

2 Please consider the following valuable services

Debit Card Yes No

Name on Debit Card

Cheque Book (please refer to service and price guide)

You will automatically be subscribed to our *Electronic Banking Services*, including *eStatements*, *Online Banking*, *ATM*, *Phone Banking*, *electronic alert* and mobile banking. You may use these *Electronic Banking Services* after activation.

If you wish to **unsubscribe** for any of the *Electronic Banking Services*, please check the relevant boxes below:

Online Banking Phone Banking Mobile Banking

eStatements will be made available to you automatically If you would also like to receive paper Statements, please check the box below.

I would like to receive paper Statements

Note: If you already have a Debit Card for your existing account with us, a new card will not be issued. Paper statements will be charged as per service and price guide.

Please note you will continue to receive your paper statements twice annually as per regulatory guidelines.

3 Would you like to have a bank account?

Select your preferred account type:

Savings Account Current Account eSaver Account*

Currency in which account is to be opened and maintained

Local Currency
 Foreign Currency, please specify: USD EUR GBP
 Other _____ (please specify)

*available in BD only

Anticipated level and Nature/Type of Activities

Activity Type	Anticipated No. of Transactions/Month	Anticipated Amount (BD)
Cash Deposit		
Cheque Deposit		
Cash Withdrawal		
Cheque Withdrawal		
Inward Transfer		
Outward Transfer		

Purpose and Reason for Opening the Account

Office

- -

Country Code Area Code Telephone

Home Country Telephone Number (for expatriates only)

- -

Country Code Area Code Telephone

E-mail Address (one address only)

Identity Document of Joint Applicant

Passport Number (mandatory for expatriates)

Expiry Date / /

CPR Number/Other ID Number (GCC nationals)

Expiry Date / /

Education Status

High School Diploma Graduate
 Post Graduate Other _____ (please specify)

Residential Address

Same as Main Applicant
 Different from Main Applicant (please specify below)

Residential Address

Flat/Villa No. _____ Building No. _____

Road No. _____ BlockNo. _____

City _____ Country _____

PIN _____
 (where applicable)

Employment Details of Joint Applicant

Salaried Self-employed Other _____ (please specify)

Name of Employer / Name of Company (if self-employed)

C.R.No. (if self employed)

Business establishment Date (if self employed)

Address of Business (if self employed)

Nature/Type of Business

Financial Services Government Trading
 Real Estate Other _____ (please specify)

Occupation/Designation _____

Source of funds _____

About your income

Monthly Gross Income BD.

4 Would you like a Joint Account?

Mode of Operation for Joint Account

Anyone of us All of us

Relationship to Main Applicant

Spouse Parent Brother Sister Child
 Other _____ (please specify)

Salutation/Title Mr. Mrs. Ms. Dr. Sh. Sha.

Others. _____ (please specify)

Full Name of Joint Applicant

Nationality _____

Date of Birth / /

Gender Male Female

Marital Status Married Single Other _____ (please specify)

Mother's maiden name (security question) _____

Contact Details

Mobile - -

Country Code Area Code Telephone

Home - -

Country Code Area Code Telephone

5 Would you like a Credit Card?

Select your choice of card

Visa Infinite Credit Card Visa Platinum Credit Card

Falconflyer Visa Gold
 Falconflyer Visa Silver
 Falconflyer Visa Blue

Are you an existing Gulf Air Falconflyer member?

Yes No

If Yes, your membership No.

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(Please input only the first 8 digits)

Not valid for Family Frequent Flyer Programme (FFP) accounts (starting with '5').
 In case of such accounts, a new FFP number may be issued

Name on Credit Card (leave one space between names) (maximum of 19 characters only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

No. of years resident in Bahrain _____ (for non-Bahrainis only)

No. of months with current organisation _____ Department _____

Total work experience _____ (in months)

Which billing cycle would you prefer?

6 11 21

(Payment due date is 20 days from the date you choose)

6 Would you like a Personal Loan?

Financing Details

New Loan Top-up (Additional amount on your existing personal loan)

Amount of Loan Requested BD _____

Preferred Repayment Period (Months) _____

Purpose of Loan

Vacation Medical Property/Home Maintenance
 Education Buying a Vehicle Investment
 Consumer Durables Other _____ (please specify)

6A Promissory Note

Place of Making _____

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

On demand, I/we promise to pay to Standard Chartered Bank

the sum of BD (in figures) _____

(in words) _____

only together with the interest at _____ % p.a. from date hereof to the date of repayment.

The bearer of this promissory note has the right of recourse without representation or cost.

Signature _____

6B Would you like to have an Insurance with your Personal Loan?

I hereby declare and certify that:

- I am currently actively at work (i.e. reporting regularly on a full-time basis to my workplace, performing the usual and normal duties of my occupation in conformity with the employment conditions, having completed at least thirty (30) days of continuous employment) with no health restriction due to sickness or accident; AND
- I have not during the past twelve (12) months, been unable to work for more than fifteen (15) days due to sickness or accident; AND
- I have not been hospitalized for more than five (5) days during the last five (5) years; AND
- I do not intend to: take part in or practice for any hazardous activity; or, travel in any form of air transport, except as a paying passenger in an aircraft operated by a commercial airline on a scheduled passenger trip over its established passenger route; or, engage in any military, paramilitary, naval, police, fire-fighting, or aviation service; AND
- I have neither been treated for nor currently under treatment for high blood pressure, myocardial infraction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous break down, slipped disc, paralysis, coma, diabetes, high cholesterol, tumor, cancer, or any other serious illness or infirmity; AND
- I have never been tested positive for any sexually transmitted disease (e.g. HIV/AIDS) or any type of Hepatitis, nor am I awaiting result of such a test.

I cannot certify the above and ask Standard Chartered Bank to provide me a Medical Questionnaire to fill in to clarify some points.

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Main Applicant (Signature)

7 Standing Instruction for repayment of Credit Card or Personal Loan:

Account No

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Credit Card:

Yes*, I would like to have my account automatically debited each month for my Credit Card payment.

1. Monthly Payment Percentage:

Minimum Amount Due _____ % of current balance

2. Date of Debiting Bank Account:

Payment Due Date _____ day of each month

Note:

If 1 is left blank, your account will be debited for the Minimum Amount Due.

If 2 is left blank, your account will be debited for the payment due date.

*You authorize the Bank to debit your existing account with the Bank, or the account that we will open in your name.

Personal Loan:

You authorize the Bank to debit your existing account with the Bank, or the account that we will open in your name, with the amount of the monthly installment of your Personal Loan.

Would you like to refer any of your friends ?

1. Name _____

Mobile _____ Product _____

2. Name _____

Mobile _____ Product _____

3. Name _____

Mobile _____ Product _____

8 Would you like a Supplementary Card?

If same as Joint Account applicant in section 4, please skip the below section.

Salutation/Title Mr. Mrs. Ms. Dr. Sh. Sha.

Other _____ (please specify)

Full Name

F	I	R	S	T																
M	I	D	D	L	E															
L	A	S	T																	

Date of Birth DD / MM / YYYY

Gender Male Female

Nationality _____

Resident in Bahrain Yes No

Passport Number (mandatory for expatriates)

Expiry Date DD / MM / YYYY

CPR Number/Other ID Number (for GCC Nationals)

Expiry Date DD / MM / YYYY

Contact Details

Mobile --

Country Code Area Code Telephone

Home --

Country Code Area Code Telephone

Office --

Country Code Area Code Telephone

E-mail Address (one address only)

Mother's maiden name (security question) _____

Relationship with the Primary Card Applicant

Spouse Parent Son
 Daughter Self Sibling
 Other _____ (please specify)

Name of Supplementary Card Applicant as you would like it on the card

(leave one space between names) (maximum of 19 characters only)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Primary Cardholders details

Primary Credit Card No. (for existing cardholders)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Passport Number / CPR Number _____

Date of Birth DD / MM / YYYY

Would you like to set up a spending limit per billing cycle to your supplementary card? Yes No

If yes, amount per month (BD) _____ or _____ % of the Card limit
(lower of the two will be applicable and will be rounded to the nearest '0')

8A Primary Card Applicant / Holder declaration

I hereby apply for the issue of a Standard Chartered Supplementary Credit Card. I acknowledge and agree that the use of the Primary Card and/or Supplementary Cards, if any, issued on my account shall be deemed an acceptance of the terms and conditions of the Bank's Credit Card terms (which may be amended from time to time). Upon approval, I agree to pay the prevailing fees, if any.

I authorise Standard Chartered Bank to issue Supplementary Card(s) for use on my account to the person(s) named, who I undertake, is/are over 18 years of age, and agree that you may provide information to him/her about the account. In case the Supplementary Card applicant is between 18 and 21 years of age, I hereby undertake that the use of such Card shall be made under my supervision and control. I hereby agree to indemnify the Bank against any loss, damage, liability or such costs incurred by the Bank on account of any breach by me or the Supplementary Cardholder of the aforesaid conditions or any other terms and conditions contained in the Bank's Credit Card terms or by reason of any legal disability or incapacity of the Supplementary Cardholder. I also understand that the Supplementary Card fees shall be billed in my statement and I shall be responsible for payment of all charges incurred on the Supplementary Card. The continuation of the membership of the Supplementary Cardholder(s) shall be dependent on the continuation of my membership.

I accept full responsibility and agree not to make any claim against Standard Chartered Bank in respect thereto. I authorize you to disclose information about my card account to such persons as you in your absolute discretion think fit.

Supplementary Cardholder resides at the same address Yes No

If no, Supplementary Cardholder address _____

Residential Address

Flat/Villa No _____ Building No. _____

Road No. _____ Block No. _____

City _____ Country _____

PIN _____
(where applicable)

9 Would you like a Saadiq Account?

Select your preferred account type:

Saadiq Savings Account Saadiq Current Account

Currency in which account is to be opened and maintained

Local Currency
 Foreign Currency, please specify: USD EUR GBP
 Other _____ (please specify)

Would you like a Joint Account Yes No

If yes, please complete section 4.

10 Would you like a Saadiq Personal Finance?

Financing Details

New Finance Top-up (Additional amount on your existing Personal Finance)

Amount of Finance Requested BD _____

Preferred Payment Period (Months) _____ (please specify)

Purpose of Finance

Vacation Medical Property/Home Maintenance
 Education Buying a Vehicle Investment
 Consumer Durables Other _____ (please specify)

You authorize the Bank to debit your existing account with the Bank, or the account that we will open in your name, with the amount of the monthly installment of your Personal Finance.

10A Promissory Note

Place of Making _____

On demand, I/we irrevocably unconditionally promise to pay to Standard

Chartered Bank the sum of BD (in figures) _____

BD (in words) _____

Main Applicant (Signature)

Date / /

10B Would you like to have Takaful with your Personal Finance?

I hereby declare and certify that:

1. I am currently actively at work (i.e. reporting regularly on a full-time basis to my workplace, performing the usual and normal duties of my occupation in conformity with the employment conditions, having completed at least thirty (30) days of continuous employment) with no health restriction due to sickness or accident; AND
2. I have not during the past twelve (12) months, been unable to work for more than fifteen (15) days due to sickness or accident; AND
3. I have not been hospitalized for more than five (5) days during the last five (5) years; AND
4. I do not intend to: take part in or practice for any hazardous activity; or, travel in any form of air transport, except as a paying passenger in an aircraft operated by a commercial airline on a scheduled passenger trip over its established passenger route; or, engage in any military, paramilitary, naval, police, fire-fighting, or aviation service; AND
5. I have neither been treated for nor currently under treatment for high blood pressure, myocardial infraction, respiratory disease, renal disease, alimentary disorder, ulcer, nervous break down, slipped disc, paralysis, coma, diabetes, high cholesterol, tumor, cancer, or any other serious illness or infirmity; AND
6. I have never been tested positive for any sexually transmitted disease (e.g. HIV/AIDS) or any type of Hepatitis, nor am I awaiting result of such a test.

I cannot certify the above and ask Standard Chartered Bank to provide me a Medical Questionnaire to fill in to clarify some points.

Main Applicant (Signature)

11 Would you like an Auto Loan?

Purpose

New Vehicle
 Used Vehicle
 Commercial

Details

Brand _____

Model _____ Year

Chassis/Serial No. _____

Engine No. _____

Reg. No. _____

Mileage (Kms. used cars) _____

Quotation

Cash Price

Date / /

Current market value (used cars)

Dealer Name _____

	BD	Fils
Vehicle Price	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Fees	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Total	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Advance Payments	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Amount of Loan	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Hire Charges	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Payment Balance	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

Repayment Period _____

Instalments of BD. _____ x

First Installment date

Interest may be charged on any late payments and default charges may be payable. % Effective Interest Rate

Borrower

Name

Local Address

Flat/Villa No. _____ Building No. _____

Road No. _____ Block No. _____

City _____ Country _____

P.O. Box _____

Telephone

Date of Contract / /

Account No

11A Standing Instruction

Standing Order*

*You authorize the Bank to debit your existing account with the Bank, or the account that we will open in your name, with the amount of the monthly installment of your Auto Loan.

Complete Understanding

The borrower acknowledges that the goods remain the property of the Bank until all instalments have been paid and cannot be sold before then. The borrower further acknowledges that, in signing the agreement, he/she has read and understood all the provisions of the Agreement and agrees to be bound by them. The borrower warrants and represents that the above particulars are all true and that they form part of this agreement.

In signing this agreement, the borrower acknowledges that he/she has received the goods as described above in good order and condition.

The Joint Borrower/Guarantor, as primary obligator agrees to be bound by the terms and conditions of this agreement and guarantees all obligations of the borrower to the Bank, and waives any right for demand to be made first on the borrower.

Borrower's Signature

Date / /

Signed on behalf of Standard Chartered Bank

Witness to Signature(s) of Borrower(s)

Name _____

For Bank Use only

Customer type _____

Code

By signing this application:

You confirm that you are acting on your own behalf;

- You represent and warrant that all information (including any documents) you have provided to us in connection with the application is correct, complete and not misleading (if this is not the case, you may be personally liable);
- You authorize us to verify any of the information you have provided to us or to review your credit standing from anyone we may consider appropriate (such as an authority or credit reference agency);
- You acknowledge that we may decline your application for any or all of the products or services offered under the package without giving you any reason for doing so. If this happens, no contractual relationship arises between you and us. We may choose to retain the documents that you have submitted to us.
- In case of a payment default by you, you hereby authorize us to fill in the date on the promissory note signed by you as part of this application form;
- You confirm and agree that we may provide any information in connection with this application (including your personal information) to any service provider (whether located inside or outside the Kingdom of Bahrain) for the purposes of providing any service to you in connection with this application (including data processing);
- You agree that you will inform us should there be any change in your occupation, employer or the status of your residency in the Kingdom of Bahrain. If we request, you will need to provide us with the documents to prove such a change;
- **If you are applying for a Saadiq product**, you declare that you have received, read and understood our relevant Saadiq Account Opening, Saadiq Personal Finance Terms and Conditions and the Service and Price Guide forming our banking agreement which are available on our website at www.sc.com/bh or alternatively, at your request, as hard copies at our branch, and you agree to be bound by them. You acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement. In particular, you understand that by entering into our banking agreement you give indemnities, authorisations, consents and waivers and agree to limitations on our liability;
- If you are not applying for a Saadiq product, you declare that you have received, read and understood our Client Terms applicable Product terms, Service & Price Guide and the applicable documents referred to in Part A of our Client Terms forming our banking agreement which are available on our website at www.sc.com/bh or alternatively, at your request, as hard copies at our branch, and you agree to be bound by them. You acknowledge that you are bound by any variation we make to these documents, in accordance with our banking agreement. In particular, you understand that by entering into our banking agreement you give indemnities, authorisations, consents and waivers and agree to limitations on our liability;
- Your consent to us contacting you at the address, e-mail address and phone numbers you have provided to us, to give you information on other products and services that we offer.
- If you have chosen to receive statements electronically, you agree that we can send you statements for accounts and Credit Cards by electronic mail to e-mail address you have provided as specified in the application form.
- Deposits held with Standard Chartered Bank in the Kingdom are covered by the Regulation Protecting Deposits and Unrestricted Investment Accounts issued by the Central Bank of Bahrain in accordance with Resolution No (34) of 2010.
- These deposits and the payments associated therewith are governed by the laws in effect from time to time in the Kingdom of Bahrain and are payable only at the branch of Standard Chartered Bank in the Kingdom of Bahrain where the deposits were made. Standard Chartered Bank has discretion to allow withdrawal at other branches in the Kingdom of Bahrain .
- You also agree that the Bank may engage an external service provider to undertake data entry and processing of your card application and transactions. You acknowledge and agree that the use of the primary card issued on your account shall be deemed an acceptance of the terms and conditions of the Bank's Credit Card terms (which may be amended from time to time) accompanying the card. Upon approval, you agree to pay the prevailing fees. By signing, activating or using the card, you agree to be bound by the terms and conditions as mentioned in the Bank's Credit Card terms. You also agree that the Bank has the absolute discretion to issue you a lower credit card variant if we find your credentials not meeting the eligibility criteria for the Credit Card you have applied for.
- You hereby consent to Standard Chartered Bank, Bahrain (the "Bank"), its officers and agents disclosing information relating to you and your account(s) and/or dealing relationship(s) with the Bank, including but not limited to details of your facilities, any security taken, transactions undertaken and balances and positions with the Bank, to:
 - i. the head office of the Bank, any of its subsidiaries or subsidiaries of its holding company, affiliates, representative and branch office in any jurisdiction (the "Permitted Parties");
 - ii. the agents and independent contractors of the Permitted Parties who are under a duty of confidentiality to the Permitted Parties;
 - iii. any actual or potential participant or sub-participant in relation to any of the Bank's rights and/or obligations under any agreement between us, or assignee, novatee or transferee (or any agent or adviser of any of the, foregoing);
 - iv. any rating agency, insurer or insurance broker of, or direct or indirect provider of credit protection to any Permitted Party;
 - v. any court or tribunal or regulatory, supervisory, governmental or quasi-governmental authority with jurisdiction over the Permitted Parties

Main Applicant (Signature)

Date / /

Joint Applicant (Signature)

Date / /

This form must be completed by any individual who wishes to open a banking account.

يجب استكمال هذه الاستمارة من قبل أي فرد يرغب في الاحتفاظ بحساب مصرفي.

Please complete in BLOCK LETTERS.

يرجى الكتابة بخط واضح

Name: _____	الاسم: _____	
Alias Names (if any) : _____	الاسم المستعار (ان وجد): _____	
Country of Residence: _____	بلد الإقامة: _____	
Country of Birth: _____	بلد الولادة: _____	
Please use "✓" to answer each of the following questions:		
	يرجى وضع علامة "✓" للإجابة على الأسئلة التالية:	
1. Are you a U.S. Resident?	لا <input type="checkbox"/> نعم <input type="checkbox"/>	١. هل أنت مقيم في الولايات المتحدة؟
2. Are you a U.S. Citizen?	لا <input type="checkbox"/> نعم <input type="checkbox"/>	٢. هل أنت مواطن أمريكي؟
3. Do you hold a U.S. Permanent Resident Card (Green Card)?	لا <input type="checkbox"/> نعم <input type="checkbox"/>	٣. هل تمتلك بطاقة مقيم دائم في الولايات المتحدة (البطاقة الخضراء)؟

Any other Nationalities held?	حامل لأي جنسيات أخرى عقدت؟
<input type="checkbox"/> Yes* _____ <input type="checkbox"/> No	<input type="checkbox"/> نعم* _____ <input type="checkbox"/> لا
*supporting documentation required	*الوثائق الداعمة المطلوبة

I hereby confirm the information provided above is true, accurate and complete.

أؤكد على أن المعلومات الواردة أعلاه صحيحة ودقيقة وكاملة.

Subject to applicable local laws, I hereby authorise Standard Chartered PLC or any of its affiliates (including branches) (collectively "the Bank") to share my information with domestic and overseas regulators or tax authorities, where necessary, to establish my tax liability in any jurisdiction.

وفقاً للقوانين المحلية المعمول بها، أوافق وأقر بالسماح لستاندرد تشارترد أو أي من شركاته التابعة (بما في ذلك فروعهم) (وإجمالاً "البنك") بإعطاء المعلومات الخاصة بي إلى الهيئات التنظيمية المحلية أو الخارجية أو السلطات الضريبية عند اللزوم، وذلك ليتم تحديد مسؤولياتي الضريبية في أي سلطة قضائية.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

وحيثما تطلب الهيئات التنظيمية المحلية أو الخارجية أو السلطات الضريبية، فإنني أوافق على قيام البنك بحجز المبالغ المطلوبة من حسابي/حساباتنا، وذلك وفقاً للقوانين المعمول بها واللوائح والتعليمات.

I undertake to notify the Bank within 30 calendar days if there is a change in any information which I have provided to the Bank.

وبموجب هذا، أتعهد بإخطار البنك في غضون ٣٠ يوماً في حالة حدوث أي تغيير في المعلومات التي قدمتها للبنك.

Signature: _____ : التوقيع

Date: / / : التاريخ

PFC/DSR Name _____

PFC/DSR/ PSID _____

Relationship Number _____

Branch Code _____

Segment Code _____

ISIC _____

Comments / Remarks _____

Referral ID _____

Sourcing ID _____

Closing ID _____

ARM Code _____

Signature of Staff Opening Account

Date

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

Signature of Staff Reviewing Account

Date

D	D
---	---

 /

M	M
---	---

 /

Y	Y	Y	Y
---	---	---	---

Name of Staff Opening Account

Name of Staff Reviewing Account

Account Number

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Standard Chartered Bank

Building No. 180, Government Avenue
Manama 315
Tel: 17 223 636, Fax: 17 225 001

Branches

Manama (Main Branch)

Building No. 180, Government Avenue
Manama 315
Tel: 17 223 636, Fax: 17 225 001

Diplomatic Area

Zayani House, Building No. 499
Road No. 1706, Manama 317
Tel: 17 530 095, Fax: 17 533 398

Budaiya

Najibi Centre, Building No. 3
Saar Avenue, Saar 515
Tel: 17 690 088, Fax: 17 690 016

Muharraq

Building No. 120
Muharraq 215
Tel: 17 343 388, Fax: 17 344 476

East Riffa

Building No. 204, Sh. Ali Bin Khalifa Avenue
East Riffa 903
Tel: 17 771 744, Fax: 17 777 181

Zinj

Al Jazeera Building No. 130
Road No. 33, Mahooz 332
Tel: 17 720 838, Fax: 17 741 408

Saar

Shop No.9, Saar Mall
Bldg 133, Road 25,
Saar 525
Tel: 17 799 799

24 hour Phone Banking 17 531 532