

Retail Products

Application Form



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.
(please specify)

Other _____
 Full Name

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

Gender Male Female

Date of Birth DD / MM / YYYY

Nationality/Country of Citizenship _____

Other Nationalities or Citizenships, if any _____

Alias, if any _____

Passport Number (mandatory for expatriates)

Expiry Date DD / MM / YYYY

CPR Number/Other ID Number (for GCC Nationals)

Expiry Date DD / MM / YYYY

Country of Residence _____

Country of Birth _____

No. of dependents _____ No. of cars owned _____

Marital Status Married Single Divorced
 Widow/Widower 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. _____ Block No. _____

City _____ Country _____

P.O. Box/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)

DD / MM / YYYY

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 BHD

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:

<input type="checkbox"/> Savings Account <input type="checkbox"/> BHD <input type="checkbox"/> USD	<input type="checkbox"/> Current Account <input type="checkbox"/> BHD <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> Others _____
<input type="checkbox"/> eSaver Account* <small>*available in BHD only</small>	

Please check the box if you fall in any of the categories:

Orphans, widows, pensioners, individuals receiving social subsidies from the Ministry of Labour & Social Affairs, students and Bahraini nationals with a monthly salary below BHD 250.*

*Kindly provide the relevant documents at the Branch for further processing of your application.

Anticipated level and Nature/Type of Activities

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

Purpose and Reason for Opening the Account

4 Would you like a Joint Account?

Mode of Operation for Joint Account

Anyone of us All of us Other _____ (please specify)

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

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

Nationality/Country of Citizenship _____

Other nationalities/citizenships, if any _____

Alias, if any _____

Date of Birth DD / MM / YYYY

Country 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

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 DD / MM / YYYY

CPR Number/Other ID Number (GCC nationals)

Expiry Date DD / MM / YYYY

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. _____ Block No. _____

City _____ Country _____

P.O. Box/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) DD / MM / YYYY

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 BHD

4A Please consider the following valuable services

Debit Card Yes No

Name on Debit Card

5 Would you like a Credit Card?

Select your choice of card

- Contactless World Elite **Mastercard**
- Contactless World **Mastercard**

- Falconflyer Visa Gold
- Falconflyer Visa Silver
- Falconflyer Visa Blue

Are you an existing Gulf Air Falconflyer member?

- Yes No

If Yes, your membership No.

(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)

Date of Birth / /

Gender Male Female

Nationality/Country of Citizenship _____

Other nationalities/citizenships, if any _____

Alias, if any _____

Resident in Bahrain Yes No

Passport Number (mandatory for expatriates)

Expiry Date / /

CPR Number/Other ID Number (for GCC Nationals)

Expiry Date / /

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 Cardholder's details

Primary Credit Card No. (for existing cardholders)

Would you like to set up a spending limit per billing cycle to your

supplementary card? Yes No

If yes, amount per month (BHD) _____ or _____ % of the Card limit

(lower of the two will be applicable and will be rounded to the nearest '0')

5A Standing Instruction for your Credit Card

Account No

- 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 on 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.

6 Would you like a Supplementary Card? Yes

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

Details of Supplementary Card applicant

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

Other _____ (please specify)

Full Name

6A 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 _____

P.O. Box/PIN _____
(where applicable)

8 Would you like an Auto Loan?

Purpose

New Vehicle

Used Vehicle

Details

Brand _____

Model _____ Year

Y	Y	Y	Y
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Chassis/Serial No. _____

Engine No. _____

Reg. No. _____

Mileage (Kms. used cars) _____

Dealer Name _____

BHD

Vehicle Price

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

Down Payment

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

Loan Amount

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

Tenor (months)

D	D
---	---

Account No

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

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 instalment of your Auto Loan.

7 Would you like a Personal Loan?

Financing Details

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

Amount of Loan Requested BHD _____

Preferred Repayment Period (Months)

M	M
---	---

Purpose of Loan

Vacation Medical Property/Home Maintenance

Education Buying a Vehicle Investment

Consumer Durables Other _____ (please specify)

Account No

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

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 instalment of your Personal Loan.

9 Would you like a Saadiq Account?

Select your preferred account type:

<input type="checkbox"/> Saadiq Savings Account* *available in BHD only	<input type="checkbox"/> Saadiq Current Account <input type="checkbox"/> BHD <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> Others _____
--	--

Please check the box if you fall in any of the categories:

Orphans, widows, pensioners, individuals receiving social subsidies from the Ministry of Labour & Social Affairs, students and Bahraini nationals with a monthly salary below BHD 250.*

*Kindly provide the relevant documents at the Branch for further processing of your application.

Would you like a Joint Account Yes No

If yes, please complete section 4.

Anticipated level and Nature/Type of Activities

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

Purpose and Reason for Opening the Account

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 BHD _____

Preferred Payment Period (Months)

M	M	M
---	---	---

Purpose of Finance

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

Account No

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

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 instalment of your Personal Finance.

11 US Status and Tax Residence Information

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

US Status

Please check "✓" in either the Yes or No boxes

Questions	Main Applicant	Joint Applicant
1. Is the Account Holder a US Resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the Account Holder a US Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the Account Holder holding a US Permanent Resident Card (Green Card)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Tax Residence Information

Please complete the following table indicating (i) the country where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

If the Account Holder is a resident for tax purposes in more than three countries, please use a separate sheet.

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

- **Reason A:** The country where the Account Holder is resident does not issue TINs to its residents.
- **Reason B:** The Account Holder is otherwise unable to obtain a TIN (please explain why Account Holder is unable to obtain a TIN in the below table if you have selected this reason).
- **Reason C:** No TIN is required (note: only select this reason if the authorities of the country of residence for tax purposes entered below do not require the TIN to be disclosed).

More details are available in the Instructions to this Form (for Main Applicant)

No.	Country of Residence for tax purposes	TIN	If no TIN is available, enter Reason A, B or C
1.			
2.			
3.			

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1.	
2.	
3.	

Tax Residence Information for Joint Applicant

No.	Country of Residence for tax purposes	TIN	If no TIN is available, enter Reason A, B or C
1.			
2.			
3.			

If Reason B selected above, explain why the Account Holder is unable to obtain a TIN in the corresponding row below

1.	
2.	
3.	

US Status

Is the Account Holder a US Resident?	Enter 'Yes' if the Account Holder is a US Resident. Otherwise enter 'No'.
Is the Account Holder a US Citizen?	Enter 'Yes' if the Account Holder is a US Citizen. Otherwise enter 'No'.
Is the Account Holder holding a US Permanent Resident Card (Green Card)?	Enter 'Yes' if the Account Holder has a right of lawful permanent residence / holds a US Permanent Resident Card ("Green Card") issued by the US Government. Otherwise enter 'No'.

Tax Residence Information

Tax Residence / Citizenship Information : Please complete the table indicating (i) where the Account Holder is resident for tax purposes and (ii) the Account Holder's Taxpayer Identification Number or functional equivalent (hereafter referred to as 'TIN') for each country indicated.

The requirement to pay tax in a particular country does not necessarily signify tax residence in that country; it is possible to have to pay tax in a country in which one is not tax resident, and not to have to pay tax in a country in which one is tax resident. Whether a person is tax resident in a particular country depends on whether that person meets the definition of a tax resident under the tax laws of that country. For more information on tax residence, please consult your tax advisor or refer to the information at OECD automatic exchange of information portal at:
<http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-residency>

If the Account Holder is a dual citizen, enter the country where the Account Holder is both a citizen and a resident at the time this form is completed. If the Account Holder is not a resident in any country in which the Account Holder has citizenship, enter the country where the Account Holder was most recently a resident. If the Account Holder is a US citizen, a Form W-9 must be provided.

If a TIN is unavailable, please provide the appropriate Reason A, B or C.

- Reason A should be selected by an Account Holder where the country concerned does not, under any circumstances, issue TINs to individual tax residents. Where the country concerned does issue TINs to individual tax residents, but the Account Holder has not been issued with a TIN because of particular circumstances, Reason B should be selected instead.
- If you have selected Reason B, please explain why the Account Holder is unable to obtain a TIN, even though the country concerned does issue TINs to individual tax residents.
- Reason C should be selected if the country that issued the TINs does not require TINs of individual tax residents to be collected or reported.

Declaration and Signature

Declaration and Signature	The Form must be signed and dated by the Account Holder. If this Form is completed by an Individual authorised to sign for the Account Holder, please indicate the capacity in which you are signing the Form.
Capacity	An authorised representative or officer must state the capacity in which he/she is signing on behalf of the Account Holder. If this Form is completed by an agent acting under a duly authorised power of attorney, the Form must be accompanied by the power of attorney in proper Form specifically authorising the agent to represent the Account Holder in making, executing and presenting the Form.

Definitions

The following is a non-exhaustive list of selected terms to assist you with the completion of this Form. Should you have any questions, please contact your tax, legal and/or other professional advisor.

- Account Holder:** The term 'Account Holder' means the person listed or identified as the holder of a Financial Account. A person, other than a Financial Institution, holding a Financial Account for the benefit of another person as an agent, a custodian, a nominee, a signatory, an investment advisor, an intermediary, or as a legal guardian, is not treated as the Account Holder. In these circumstances that other person is the Account Holder. For example in the case of a parent/ child relationship where the parent is acting as a legal guardian, the child is regarded as the Account Holder. With respect to a jointly held account, each joint holder is treated as an Account Holder.
- Financial Account:** A Financial Account is an account maintained by a Financial Institution and includes: Depository Accounts; Custodial Accounts; Equity and debt interest in certain Investment Entities; Cash Value Insurance Contracts; and Annuity Contracts.
- Participating Jurisdiction:** A Participating Jurisdiction means a jurisdiction with which an intergovernmental agreement is in place pursuant to which it will provide the information required on the automatic exchange of financial account information set out in the CRS.
- Reportable Account:** A Reportable Account is a Financial Account that is maintained by a Reporting Financial Institution and that, pursuant to due diligence procedures consistent with CRS, FATCA and any applicable IGAs, has been identified as an account that is held by one or more persons that are US Persons or Reportable Persons with respect to another Jurisdiction or by a Passive NFE with one or more Controlling Persons that are US Persons or Reportable Persons with respect to another Jurisdiction.
- Reportable Jurisdiction:** A Reportable Jurisdiction is a Participating Jurisdiction with which an obligation to provide financial account information is in place.
- Reportable Person:** The CRS defines the Account Holder as a 'Reportable Person'. A Reportable Person is further defined as an individual who is tax resident in a Reportable Jurisdiction under the laws of that jurisdiction.
- Tax Identification Number (TIN):** Taxpayer Identification Number or a functional equivalent in the absence of a TIN. A TIN is a unique combination of letters or numbers assigned by a jurisdiction to an Individual or an Entity and used to identify the Individual or Entity for the purposes of administering the tax laws of such jurisdiction. Further details of acceptable TINs can be found at: <http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/#d.en.347759>
 Some jurisdictions do not issue a TIN. However, these jurisdictions often utilise some other high integrity number with an equivalent level of identification (a 'functional equivalent'). Examples of that type of number include, for individuals, a social security/ insurance number, citizen/personal identification/service code/number, and resident registration number.
- US Citizen:** An individual who is a US citizen. "US" as used in this definition refers geographically to any State of the United States including the District of Columbia. "US" includes additionally a person born in the US Territories (American Samoa, Guam, Northern Mariana Islands, US Virgin Islands and Puerto Rico) who will be deemed a US Citizen.
- US Person:** A US person is defined in section 7701(a) (30) of the Internal Revenue Code and includes an individual who is a citizen or resident of the US.
- US Resident:** An Individual who is a person ordinarily living in the US; or any other person who satisfies the Substantial Presence Test defined by the IRS. For the avoidance of doubt, a Client will be treated as a US Resident unless proven otherwise if he declares to the Bank that he resides in the US, or is a US Person and provides a current US residential address to the Bank. "US" as used in this definition refers geographically to any State of the United States, the District of Columbia, and the US Territories (American Samoa, Guam, Northern Mariana Islands, US Virgin Islands and Puerto Rico).

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
- You understand that the information supplied by you is subject to the terms and conditions governing the Account Holder's relationship with Standard Chartered PLC and its subsidiaries and affiliates where the Account Holder's financial relationship is maintained.
- You acknowledge and agree that the information contained in this Form and information regarding the Account Holder and any Reportable Account(s) may be provided, directly or indirectly, to any relevant tax authority, including 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 resident for tax purposes pursuant to bilateral or multilateral agreements between governments to exchange financial account information.
- Where required by domestic or overseas regulators or tax authorities, You 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 under relevant laws and regulations.
- You certify that you the Account Holder (or are authorised to sign on behalf of the Account Holder) of all of the account(s) to which this Form relates.
- You declare that all statements made in this declaration are, to the best of your knowledge and belief, correct and complete.
- You undertake to submit a suitably updated Form within 30 days of any change in circumstances which affects the tax residency status of the Account Holder or where any information contained herein to become incorrect.
- Please note that in providing the certification, a statement that is false, misleading or incorrect may be regarded as an offence and, therefore may be subject to penalties under relevant law or regulation.

Note: If you are not the Account Holder please indicate the capacity in which you are signing the Form.

Capacity: Main Applicant _____

Capacity: Joint Applicant _____

Main Applicant (Signature)

Full Name

Date

D	D
---	---

 /

M	M
---	---

 /

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

Joint Applicant (Signature)

Full Name

Date

D	D
---	---

 /

M	M
---	---

 /

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

For Bank Use Only

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

Signature of Staff Reviewing Account

Date of last document received

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. 419
Road No. 1705, 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

Hidd

Lulu Hypermarket, Building No. 166
Road No. 3, Block 109
Tel: 17 343 388, Fax: 17 344 476

West Riffa

Al Haneen Plaza, Building No. 767
Road No. 1221, Block 912
Tel: 17 771 744, Fax: 17 777 181

Zayed Town

Al Andalusia II Complex, Building 1165
1823 Avenue, Zayed Town 718
Tel: 17 720 838, Fax: 17 741 408

Saar

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

24 hour Phone Banking 17 531532