

Welcome to Standard Chartered Bank Commercial Banking

Standard Chartered welcomes this opportunity to provide account services for you.

Account Opening Documentation

This Account Opening Pack includes all the necessary forms you need to complete and a documentation checklist to assist you with the account opening requirements.

At this point we would like to inform you that the documentation we request from you (as indicated in the checklist) is a necessary requirement, prescribed by local laws and regulations and/or international standards.

Such documentation helps the bank with its "Know Your Customer" (KYC) policy and is an integral part of a global effort to combat money laundering, terrorist financing, and fraudulent activity.

We seek your understanding and cooperation in furnishing the required documents and appreciate your time and effort in doing so.

Again, we welcome this opportunity to provide our services to you. If you have any questions on this Account Opening Pack, please contact your Relationship Manager or local branch.

Standard Chartered – Leading the way in Asia, Africa and the Middle East

Standard Chartered has an extensive global network of over 1,200 branches in 56 countries in the Asia Pacific Region, South Asia, the Middle East, Africa, the United Kingdom, and the Americas. As one of the world's most international banks, Standard Chartered employs over 40,000 people, representing 80 nationalities, worldwide.

Standard Chartered provides services in trade finance, cash management, lending, securities services, foreign exchange, debt capital markets, and corporate finance. We are well established in growth markets and aim to be the Right Partner for our customers, combining deep local knowledge with global capability to offer a wide range of innovative products.



Please complete in BLOCK LETTERS and "✓" or "x" where applicable.

_____ Branch ☐ New ☐ Additional

APPLICANT'S PARTICULARS

Name In English (Insert FULL legal name exactly as it appears in the Constitutional Documents)

Country of Incorporation _____ Date of Incorporation (dd/mm/yyyy) _____

Registration Number _____

Contact Person _____

Correspondence Address _____

Account Mailing Address (if different from above) _____

Telephone _____ Fax _____

Email Address _____ Website _____

SWIFT Address _____

Business Activities

- ☐ Manufacturing
 ☐ Financial
 ☐ Export/Import
 ☐ Services
 ☐ Trading
☐ Retailing
 ☐ Consultant
 ☐ Wholesaler
 ☐ Commission Agents
☐ Others (Please specify) _____

Commodities Handled (Please specify) _____

- ☐ Self Investment :
 ☐ Properties
☐ Securities
☐ Others (Please specify) _____
☐ Provide Investment Services to other parties :
 ☐ Properties
☐ Securities
☐ Others (Please specify) _____
☐ Holding company
 ☐ Group Name (if any) _____
☐ Nature of Business of Parent Company _____

LEGAL STATUS

- ☐ Private Limited Company
 ☐ Limited Company with Bearer Shares (for overseas Reg'd only)
 ☐ Partnership
 ☐ Sole Proprietorship
☐ NGO
 ☐ Religious Organisations
 ☐ Society/Association/Club
 ☐ Diplomatic/Bi-/Multilateral Institutions
☐ Charity/Trust
 ☐ Others (Please specify) _____

Name of Proprietor _____
(for Sole Proprietorship only)

Applicants'
Initials
.... /



Please complete in BLOCK LETTERS and "✓" or "x" where applicable.

RESIDENT STATUS

☐ Resident ☐ Non-Resident

ACCOUNT TYPE	CURRENCY	OWNERSHIP	BANK USE ONLY Arm code: Industry Section Code:
Current Account	<input type="checkbox"/> GMD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Others _____	<input type="checkbox"/> Depositor(s)'s own right <input type="checkbox"/> Client Account <input type="checkbox"/> Others _____	A/C No. : _____ Sub Product Code: _____ Fund Ownership: _____
Statement Savings	<input type="checkbox"/> GMD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Others _____	<input type="checkbox"/> Depositor(s)'s own right <input type="checkbox"/> Client Account <input type="checkbox"/> Others _____	A/C No. : _____ Sub Product Code: _____ Fund Ownership: _____
Linksave	<input type="checkbox"/> GMD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Others _____	<input type="checkbox"/> Depositor(s)'s own right <input type="checkbox"/> Client Account <input type="checkbox"/> Others _____	A/C No. : _____ Sub Product Code: _____ Fund Ownership: _____
Time Deposit	<input type="checkbox"/> GMD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Others _____	<input type="checkbox"/> Depositor(s)'s own right <input type="checkbox"/> Client Account <input type="checkbox"/> Others _____	A/C No. : _____ Sub Product Code: _____ Fund Ownership: _____

Existing Relationship with Standard Chartered Bank _____

Group Name to which the applicant belongs _____

BENEFICIAL OWNER INFORMATION (> 10% Ownership) / (> 20% Ownership)

Name	Gambian Permanent ID. No	or Passport No. and Nationality

STATEMENT FREQUENCY

Account Statement is to be sent **monthly** and commencing date to be arranged by the Bank, unless specified below.

Other Frequency ☐ Daily ☐ Weekly ☐ Quarterly

MODE OF ACCOUNT(S) STATEMENT

☐ By Post ☐ By Internet (WebBank)*

* subject to additional terms and conditions

Applicants'
Initials
.... /

Please complete in BLOCK LETTERS and "✓" or "x" where applicable.

DETAILS OF CHEQUES REQUIRED

- ☐ Standard ☐ Special overprinted (Charges required. Please provide example.)
- ☐ 25 Leaves ☐ 50 Leaves ☐ 100 Leaves ☐ Bearer ☐ Crossed ☐ Uncrossed

APPLICANT'S TAX STATUS

Under the Gambia Income Tax Act, 2004, a non-resident applicant is subject to withholding tax on interest payable to it.

Tax Status ☐ Resident ☐ Non-Resident

For Non-Resident only

- ☐ I am/We are carrying on a business in The Gambia and have a permanent establishment in The Gambia
- ☐ I am/We are not carrying on a business in The Gambia and do not have a permanent establishment in The Gambia.

DECLARATION

We apply to open the above Account(s) with Standard Chartered Bank (the "Bank"). We represent that the information provided by us in this form and in any other document(s) provided by us to the Bank is true, accurate and complete. We acknowledge that the Bank may decline our application without providing any reason in which event no contractual relationship will arise between the Bank and us. We further acknowledge that we have received, read and understood the Bank's prevailing General Account Terms, applicable Country Supplement and the terms contained in this form and we agree to be bound by them in connection with all Accounts opened by us with the Bank. We further agree to be bound by any additional terms and conditions governing any facilities, products and/or services offered by the Bank as we may apply for and/or utilise from time to time.

- ☐ Tick box if the Bank should NOT act on any Instruction (including contingency) received by Fax.

Approving Signatory

S.V.

Name

Date

Approving Signatory

S.V.

Name

Date

Please complete in BLOCK LETTERS and "✓" or "x" where applicable.

REMARKS (FOR BANK USE)

ID Type/No. _____	Segment _____
Web Bank Required _____	RM Code _____
Current Credit Grade _____	ISIC Code _____
Customer Segment _____	Fund Ownership Code _____
Customer Sub-Segment _____	Service Fee Code _____
_____ Verified By	_____ Approved By

BUSINESS INFORMATION

Commodities handled _____ Years of Experience in Business _____

Reason(s) for setting up account in Gambia (only applicable for company not registered in Gambia)

Annual Sales Turnover: Currency _____ Amount _____

ACCOUNT INFORMATION

Account Purpose ☐ Savings ☐ Investment ☐ Business Transactions ☐ Loan Repayments

☐ Others (please specify) _____

Source of Funds ☐ Business Income ☐ From Business Owners ☐ Return On Investments

☐ Others (please specify) _____

Expected Transaction Amount and Number of Transactions per month:

Currency _____ Amount _____ No. of Transactions _____

DIRECTOR/PRINCIPLE SHAREHOLDERS/BENEFICIAL OWNERS/AUTHORISED SIGNERS/PROPRIETOR/
PARTNERS/CHAIRMAN/HONORARY SECRETARY (Can "✓" or "x" more than one box for multiple positions)

Name:			
Gambian Permanent No:			
Passport No./Nationality:			
Certificate of Incorporation No.:			

To: Standard Chartered Bank (the "Bank")

Date: _____

We, being the company secretary/director(s)/partner(s)/member(s)/trustee(s)/legal representative(s)¹ of the Client, hereby certify that the resolutions set out below are a true extract of the resolutions of the board of directors/members/trustees/partners of the Client passed with effect from the date shown below.

(Sign) _____ (Sign) _____
Name: _____ Name: _____
Title: _____ Title: _____

Name of the Company/Institution/ Partnership (the "Client")	
Country of incorporation/establishment	
Registration Number	
Date of the resolutions	

RESOLUTIONS

It was resolved that:

1. The Approving Signatories as listed in Part A of the Schedule hereto may from time to time in their absolute discretion, on behalf of and in the name of the Client:
 - (a) open bank accounts of any type with the Bank;
 - (b) sign and deliver any account opening or cash management (including electronic client access services) documentation as required from time to time;
 - (c) bind the Client to the Bank's General Account Terms, the applicable Country Supplement and cash management (including electronic client access services) documentation as amended from time to time;
 - (d) amend the list of Authorised Signatories as specified in Part B of the Schedule;

RESOLUTIONS (e) AND/OR (f) WILL APPLY UNLESS DELETED

- (e) arrange with the Bank for advances to the Client by way of discount, loan, overdraft or otherwise, and for the granting of credits and the issue of guarantees by the Bank from time to time and to sign on behalf of the Client any form of deposit and withdrawal, Memorandum of Deposit, Letter of Trust, Mortgage or any other grant of security whatsoever relating to any securities or property or documents of title relating thereto to secure any advances, obligations, undertakings, instructions, guarantees, indemnities and counter-indemnities, and any other documents which may be required by the Bank in connection with such facilities insofar as they are not by their nature required to be executed under the Common Seal of the Client;
- (f) - sign and deliver an ISDA Master Agreement, whether with or without a Credit Support Annex, or any other master agreements and other documents in relation to foreign exchange transactions, swaps, options and other derivatives transactions, securities dealing (including , without limitation, repurchase and securities lending transactions), money market transactions and collateral or margin arrangements relating to such transactions between the Bank and the Client; and
 - enter into any financial transaction of a type from time to time offered by the Bank ("Transactions"), whether orally, in writing or through an electronic messaging or dealing system and bind the Client to the terms agreed for each Transaction.

IMPORTANT INFORMATION: Resolutions 1(e) and 1(f) above are intended to allow the Approving Signatories to sign up to borrowing facilities or any other service or product which the Client may wish to use or buy from the Bank now or at any time in the future. If resolution 1(e) and/or 1(f) are excluded from this Mandate, the Client may need to provide fresh board resolutions each time it wishes to sign up to a new service or product.

¹ Delete as applicable

2. The Approving Signatories as listed in Part A of the Schedule may from time to time in their absolute discretion delegate any of their authority or powers referred to in resolution 1 above to any one or more persons specified and revoke any such delegation.
3. The Authorised Signatories as listed in Part B of the Schedule hereto may from time to time in their absolute discretion, on behalf of and in the name of the Client:
 - (a) bind the Client to the Bank's General Account Terms and the applicable Country Supplement as amended from time to time and any terms for cash management services and products (including electronic client access services) agreed with the Bank from time to time;
 - (b) sign (i) instructions in writing for the payment of money, or the dealing of securities, to or from any account maintained by the Client with the Bank, (ii) payment instruments in the form of cheques, drafts, money orders, cashier's order or other similar instrument, (iii) confirmations of Transactions and (iv) instructions in writing in respect of the settlement or performance of Transactions, including, without limitation, notices exercising any option or other right of election under any Transaction.
4. Any step already taken by the Authorised Signatories as contemplated by resolutions 1, 2 and 3 above be and is hereby ratified by the Client.
5. These resolutions will remain in force unless and until the Client delivers to the Bank a new resolution revoking, amending or superseding these resolutions.

BANK USE ONLY

VERIFIED BY: _____

APPROVED BY: _____

SCHEDULE TO MANDATE
SIGNATORIES

_____ Branch

☐ NEW APPOINTMENT ☐ DELETION ☐ CHANGES

Account Number _____ Start/Effective Date: _____ day _____ month _____ year

Name of the Client _____

Insert FULL legal name exactly as it appears on the Constitutional Documents

Part A - Approving Signatories <i>Draw a line through any unused space.</i>		Please tick one <input type="checkbox"/> Any one to sign <input type="checkbox"/> Any two to sign <input type="checkbox"/> Other (insert details below) If you tick "Other", describe the alternative method of operation in the Special Instructions area below.	
Specimen Signature Name _____ Title _____ ID _____ <u>Contact details</u> Home: _____ Mobile: _____ Office: _____ Fax: _____		Specimen Signature Name _____ Title _____ ID _____ <u>Contact details</u> Home: _____ Mobile: _____ Office: _____ Fax: _____	
Specimen Signature Name _____ Title _____ ID _____ <u>Contact details</u> Home: _____ Mobile: _____ Office: _____ Fax: _____		Specimen Signature Name _____ Title _____ ID _____ <u>Contact details</u> Home: _____ Mobile: _____ Office: _____ Fax: _____	

Special Instructions:

Bank Use Only

Verified By: _____ Approved By: _____