

# MY DREAM ACCOUNT OPENING FORM



<b>Official Use</b>									
Branch Code	RM Code	Segment Code							
Account Title:									
Account Number	CCY	Prefix	Master	Suffix					
MDA AOF - RB/MDA/Mandate/2014/10/01									

Date:

Please complete all details in CAPITAL letters

I hereby request you to open a My Dream Account in the name of the Minor stated below:

*Please tick ( ✓ ) choice*

<b>Personal Details</b>					
Full Name of Minor					
Date of Birth of Minor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian name <small>[As in NIC/Passport] (Underline surname)</small>					
Permanent Address					
Residential Address	<input type="checkbox"/> Same as above				
Office Address					
Correspondence Address	<input type="checkbox"/> Permanent Address <input type="checkbox"/> Residential Address <input type="checkbox"/> Office Address				
Telephone Numbers	<input type="text"/> <small>(Residence)</small>	<input type="text"/> <small>(Mobile)</small>	<input type="text"/> <small>(Office)</small>	<input type="text"/> <small>(Fax)</small>	
Email Address	<input type="text"/> <small>(Personal)</small>			<input type="text"/> <small>(Office)</small>	
	<small>(Child's Email address)</small>				

<b>Parent/Guardian Information</b>		
Occupation	NIC/Passport No.	Relationship to Minor <input type="checkbox"/> Parent <input type="checkbox"/> Aunt <input type="checkbox"/> Uncle <input type="checkbox"/> Grandparent <input type="checkbox"/> Other .....

I Parent/Legal Guardian of the above Minor declare that I am a tax payer/not a tax payer and my tax file number is: \_\_\_\_\_

<b>Source of Funds</b>		
Initial Deposit amount:..... <input type="checkbox"/> Inheritance / Gift <input type="checkbox"/> Salary <input type="checkbox"/> Return on investments <input type="checkbox"/> Commission <input type="checkbox"/> Own Business <input type="checkbox"/> .....	Mode of Funds <input type="checkbox"/> Cash <input type="checkbox"/> Transfer from account <input type="checkbox"/> Cheque      ..... <input type="checkbox"/> Credit Card <small>(Specify Account Number)</small> Authorized Signatory .....	Standing Instruction Please debit my account <input type="text"/> on a monthly basis with sum of Rs. ....
<b>Standing Instruction</b> Start date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> End date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

**Foreign Account Tax Compliance**

Please tick "V" Yes or No for each of the following questions: Yes / No

	Minor Yes/No	Parent/Guardian Yes/No	Parent/Guardian Yes/No
1. Are you a U.S. Resident?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Are you a U.S. Citizen?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Do you hold a U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

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

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

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

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

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Signature of Parent/Guardian

**Signatures**

I/We hereby acknowledge that I/We have received/have been explained and understood the Terms and Conditions governing the My Dream Account with Standard Chartered, and agree to comply with them.

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Signature of Parent/Guardian

**Declaration (To be filled only in the event when Bank staff fills the mandate on behalf of the customer)**

I/We hereby acknowledge that .....  
(Bank Staff name & ID) the Bank staff has filled in this application form on my request and the information provided herein is true and accurate. I/We acknowledge and agree that the Bank or any of its representatives is not responsible for any liability arising out of incorrect/untrue information provided in this application.

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Signature of Parent/Guardian