

ACCOUNT OPENING FORM FOR INDIVIDUALS

BRANCH NAME														D	ATE		D	D	N	1 1	Л ,	Υ	Υ	Υ	Υ			
								FC	OR B	ANK	USE	ONL	Υ															
	ACCOUNT NAME													CIF	NU	MBE	R		RESIDENT									
																			YES									
											_										(Plea		k appı	opria	ately)			
ACCOUNT CATEGOR	ORY SINGLE					JOINT								TR	UST	EE			OTHERS									
ACCOUNT TYPE	SAVINGS						C	URF	RENT						ı	INVE	STMI	ENT I	T DEPOSIT									
CURRENCY						EURO						USD)				3BP		XOF									
INITIAL DEPOCIT							Т	T	_		005	05.5	>FD/	OCIT							CII	-						
INTIAL DEPOSIT										IVI	ODE	OF L	JEP	OSIT		ASH	(PI	lease t	fill th		EQU		al Let	ters)				
(Please fill the details in Capital Letters) PRIMARY APPLICANT INFORMATION																												
Title	Mr						Mr	s.					Ot	hers														
Surname																												
First Name																												
Other Names																												
Full Address																			Paste picture									
Telephone																												
Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ	Ge	ende	r	М				F												
Place of Birth																												
Nationality									Dual	Citiz	zens	hip -	pro	provide if applicable														
Marital Status	Sin	gle				Married							Widowed							Div	orce	ed						
Email Address																												
	ID.	Туре	!																(P	hot	ocop	y to	be a	ittac	hed)			
Identification	Nu	Number																										
identification	Dla	ce o	f Issu	10										Date	of Is	ssue		D	D	M	M	Υ	Υ	Υ	Υ			
	1 14		1 1330										Ш	Date	Date of Expi		У	D		M	М	Υ	Υ	Υ	Υ			
Tax Identification No.																												
					JOII	NT A	PPLI	CAN	T IN	FORM	MAT	ION ((IF A	APPLI	CABI	LE)												
Title	Mr						Mrs.						Others						Paste picture									
Surname																												
First Name																												
Other Names																												
Full Address																												
Telephone																												
Date of Birth	D	D	M	M	Υ	Υ	Υ	Υ	Ge	nde	r	М				F												
Place of Birth																												



ACCOUNT OPENING FORM FOR INDIVIDUALS

Nationality	Dual Citizenship - provide if applicable																										
Marital Status	Single					N	/larr	ied				Widowed							Divorced								
Email Address																											
	ID.	Туре	•																()	Phot	ocop	y to	be a	ttacl	hed)		
Identification	Nu	mbe	r										L					\perp			Ш						
identification	Place of Issue												Date	of Is	sue		D	D	M	M	Υ	Υ	Υ	Υ			
Flace of issue														Date of Expir			/	D	D	M	M	Υ	Υ	Υ	Υ		
Tax Identification No.																											
									NE	хт о	F KII	N															
Name																											
Relationship																											
Address																											
																									_		
Telephone																											
(Please select appropriately)	(Please select appropriately)																										
								ОТ	HER	INO	RMA	TION															
Services Required					-	ATM										net E		ing									
						Cheque Book										SMS Alert											
						E – Statement										Email Alert											
Statement of Account Frequency								Monthly					Quarterly				Semi Annually					Annually					
									DEC	CLAR	ATIO	N															
I/We confirm that the information given here is true and complete and that I/we have received, read and understood/have been read and fully explained to my/our understanding that AGIB's terms and conditions for the maintenance and operations of account and services as requested herein (the "Terms and Conditions") and expressly agree and accept to be bound by them as amended from time to time during the currency of the relationship established as result thereof and agree on opening the account (s) as selected above with the AGIB. I/We also confirm having read, understood and agree to be bound by the prevailing fees and charges (the "Schedule ofFees & Charges") and Terms and Conditions posted on our website at www.agib.gm and any amendments or additions thereto which AGIB																											
Primary Applicant Name											Signature																
Joint Applicant Name											Signature																



ACCOUNT OPENING FORM FOR INDIVIDUALS

JURAT (This should be adopted where the applicant is not literate or is blind and the form is read to him/her by a third p														l part	y)									
MARK OF CUSTOME																								
MAGISTRATE / COMISS																								
Language of Interpretation Date																								
Name of the Interpreter																								
Address										-														
DOCUMENTATION CHECKLIST																								
Photocopy of Identity documents																								
Proof of Address (Utility Bills, letter from chief or Alkalo, etc.)																								
Two (2) Passport size photographs																								
Photocopy of Tax Identification Ca	rd																							
Copy of Residence Permit (for Non	-Resi	idents or	forei	gn na	tiona	ls)																		
Approval of Competent Authorities	s (Fo	r Ambass	adors	5)																				
For citizens, residents or any relati	on w	ith the U	nited	State	es of A	Ameri	ca, cc	mplet	ed FAT	CA fo	orm.													
Any Other Documentation require	d by	law																						
				FΩ	RRΔ	NK U	SF ON	II Y																
		Na	me							Sis	gnatur	e												
APPLICATION VERIFIED BY	1										5.10.00.													
ADDROVED		Na	me							Si	gnatur	re												
APPROVED BY (Authorized Signatures)	APPROVED BY (Authorized Signatures) Name Signature																							