

BRANCH NAME		DATE	D	D	M	M	Y	Y	Y	Y
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FOR BANK USE ONLY										
ACCOUNT NAME						CIF NUMBER			RESIDENT	
									YES	NO

(Please tick appropriately)

ACCOUNT CATEGORY	SINGLE		JOINT		TRUSTEE		OTHERS	
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ACCOUNT TYPE	SAVINGS		CURRENT		INVESTMENT DEPOSIT	
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CURRENCY	GMD		EURO		USD		GBP		XOF	
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INITIAL DEPOSIT							MODE OF DEPOSIT	CASH		CHEQUE	
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(Please fill the details in Capital Letters)

PRIMARY APPLICANT INFORMATION

Title	Mr.		Mrs.		Others		Paste picture								
Surname															
First Name															
Other Names															
Full Address															
Telephone															
Date of Birth	D	D	M	M	Y	Y						Y	Y	Gender	M
Place of Birth															
Nationality	Dual Citizenship - provide if applicable														
Marital Status	Single		Married		Widowed		Divorced								
Email Address															
Identification	ID Type	(Photocopy to be attached)													
	Number														
	Place of Issue						Date of Issue	D	D	M	M	Y	Y	Y	Y
							Date of Expiry	D	D	M	M	Y	Y	Y	Y
Tax Identification No.															

JOINT APPLICANT INFORMATION (IF APPLICABLE)

Title	Mr.		Mrs.		Others		Paste picture						
Surname													
First Name													
Other Names													
Full Address													
Telephone													
Date of Birth	D	D	M	M	Y	Y						Y	Y
Place of Birth													

Nationality			Dual Citizenship - provide if applicable											
Marital Status	Single		Married		Widowed		Divorced							
Email Address														
Identification	ID Type											(Photocopy to be attached)		
	Number													
	Place of Issue					Date of Issue	D	D	M	M	Y	Y	Y	Y
						Date of Expiry	D	D	M	M	Y	Y	Y	Y
Tax Identification No.														

NEXT OF KIN												
Name												
Relationship												
Address												
Telephone												

(Please select appropriately)

OTHER INFORMATION				
Services Required	ATM		Internet Banking	
	Cheque Book		SMS Alert	
	E – Statement		Email Alert	
Statement of Account Frequency	Monthly		Quarterly	
			Semi Annually	
			Annually	

DECLARATION

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 of Fees & Charges") and Terms and Conditions posted on our website at www.agib.gm and any amendments or additions thereto which AGIB may make from time and time.

Primary Applicant Name

Signature

Joint Applicant Name

Signature

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 party)

MARK OF CUSTOMER / THUMBPRINT
MAGISTRATE / COMMISSIONER FOR OATHS
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 Card

Copy of Residence Permit (for Non-Residents or foreign nationals)

Approval of Competent Authorities (For Ambassadors)

For citizens, residents or any relation with the United States of America, completed FATCA form.

Any Other Documentation required by law

FOR BANK USE ONLY
APPLICATION VERIFIED BY

Name

Signature

APPROVED BY

(Authorized Signatures)

Name

Signature

Name

Signature