



Agib Bank Ltd

ACCOUNT OPENING FORM

FOREIGN CURRENCY DOMICILIARY ACCOUNT- (FCDA)

NAME: _____

ADDRESS: _____

OCCUPATION / PROFESSION: _____

NATIONALITY: _____ PASSPORT / GAMBIA.ID No: _____

ANTICIPATED SOURCE (S) OF FOREIGN CURRENCY: _____

(BE EXPLICIT)

Current Account No: (With Agib Bank Ltd)

CURRENCY OF ACCOUNT:

- (USD) U.S DOLLARS
- (GBP) POUND STERLING
- (EUR) EURO
- (XOF) CFA

I / We the undersigned hereby request(s) you to establish a domiciliary account in the chosen currency and agree(s) that:

1. Cash withdrawals from my/our Account shall be subject to availability.
2. The Bank shall have no responsibility / liability for the following:
3. Any diminution due to taxes, charges or depreciation in the value of funds credited to the account which funds may be deposited by you in your name and subject to your name and subject to your control.
4. The unavailability of such funds due to restrictions on convertibility,
 - i. Requisitions, involuntary transfers, and distains' of any character, exercise of military,
 - ii. Or usurped power or other similar causes beyond your control.
5. The operation of this account is subject to the laws and regulations at any time existing in the Republic of The Gambia.
6. Terms and conditions of the main account applies.

AUTHORISED SIGNATORIES: -

1. _____
 NAME SIGNATURE

2. _____
 NAME SIGNATURE

DATE: _____

SPECIAL INSTRUCTION (IF ANY):- _____

[ALL WITHDRAWALS ATTRACT CHARGES OF 1% \$, €, £ or CFAF]



Agib Bank Ltd

BANK USE ONLY

- ACCEPTED**
- REJECTED**
- MAKE FURTHER ENQUIRY**

APPROVAL: _____ **SIGN & DATE:** _____

ACCOUNT OPEN BY: _____ **SIGN & DATE:** _____

SIG. SCANNED BY: _____ **SIGN & DATE:** _____

ACCOUNT OFFICER: _____ **SIGN & DATE:** _____

RELATIONSHIP MANAGER: _____ **SIGN & DATE:** _____

