

Personal account application

Details of applicant one

Personal details

*Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Prof

*First name:

*Last name:

*Middle names:

*Former names:

(such as maiden names or names previously used, please state if none)

*Gender: ☐ Male ☐ Female

*Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Other (please specify):

*Date of birth:

*Town / city of birth:

*Country of birth:

*Nationality:

*If you hold a dual nationality, please specify:

*Are you a U.S citizen: ☐ Yes ☐ No

*Are you resident in the U.S: ☐ Yes ☐ No

If yes complete the W8 BEN & documentary evidence or W9 completed.

*Are you a U.S Green Card holder: ☐ Yes ☐ No

*Are you a U.S taxpayer: ☐ Yes ☐ No

Contact details

*E-mail address:

*Home telephone number:

*Work telephone number:

*Mobile:

Current residential address

*Current residential address:

*Length of time at this address: Years: Months:

Previous residential address

(not required if you have lived at your current address for three years or more)

*Previous residential address:

*Length of time at this address: Years: Months:

Correspondence address

(if different from residential address)

*Correspondence address:

Employment details

- ☐ Employed ☐ Self employed ☐ House person ☐ Contracting
☐ Not employed ☐ In full time education ☐ Retired

Occupation:

Name of employer and address:

Position currently held:

Nature of company's business:

Gross annual salary:

Other income e.g. rental income, pension, dividend:

Bank details

Accounts with Arab Bank Group: ☐ Yes ☐ NoIs Arab Bank your main bank: ☐ Yes ☐ No

Accounts with other banks:

Account number:

Branch:

Bank:

Address:

Politically Exposed Person declaration (PEP)

Please read the definition below and confirm whether or not you are a PEP (or a close family member or close associate of a PEP):

A Politically Exposed Person is considered to be someone who has held in the past or currently holds a prominent public function, such as:

- Head or deputy head of state / national government
- Member of a ruling royal family with governing responsibilities
- National government minister (including deputy or assistant minister)
- Regional government head or minister
- Member of the national legislature
- Member of the court of auditors or board of a central bank
- Senior civil servant – national government
- Senior member of the armed forces, police services or security services
- Senior member of the judiciary (including members of supreme / constitutional court)
- State corporation board member
- Head of state agency equal to ministerial level
- Ambassador or chargé d'affaires
- Director, deputy director or member of the board or equivalent function of a public international / supranational organisation (excluding international sporting federations)
- Senior political party official
- Mayor of national capital city or city of international / national importance

I currently hold or have previously held a public function in the above list: ☐ Yes ☐ No

If YES, detail your current and past roles:

Role	Start date	End date

I am a close family member or close associate of someone that holds or has held a public function in the above list.
Close family: includes direct family members, spouses, children and their spouses, parents and siblings.
Close associate: includes business colleagues or personal advisors.

☐ Yes

☐ No

If YES, detail the name of the person and their current and past roles:

Role	Start date	End date

Please confirm if you are the director or member of the board of any company / charity.
(please provide details below)

☐ Yes

☐ No

Role	Company / charity name	Date from	Date to

Source of wealth

We need to understand your wealth and how it was acquired.

Your wealth	Currency and value	Details
Property Address, type, date acquired, estimated value and outstanding mortgage		
Investment, Savings Details of the nature, turnover and profits of the entity		
Income Details of previous profession, occupation, name of last employer		
Pensions Details of previous profession, occupation, name of last employer		
Other (please specify)		

Full name:

Specimen signature:

Date:

French Deposit Insurance and Resolution Fund (Applicant One)



General information on deposit protection

Protection of deposits with Arab Bank Europe SA shall be provided by:	French Deposit Insurance and Resolution Fund (FGDR)
Protection cap:	€100,000 per depositor (individual and corporate) and institution (1)
If you have more than one account in the same institution:	All your deposits recorded in your accounts in the same institution falling within the scope of the guarantee are added together to determine the amount eligible for the guarantee; the amount of compensation is capped at €100,000 [or currency] (1)
If you have a joint account with one or more account holders:	The cap of €100,000 applies to each depositor separately. The balance of the joint account shall be distributed among its co-holders; the share of each is added with its own assets for the calculation of the guarantee cap applicable to it (2)
Other special cases:	See footnote (2)
Compensation period in the event of default of the institution:	Seven working days (3)
Currency of compensation:	Euro
Correspondent:	French Deposit Insurance and Resolution Fund (FGDR) 65, rue de la Victoire, 75009 Paris Phone: 01-58-18-38-08 E-mail: contact@garantiedesdepots.fr
For more information:	Visit the website of the FGDR: www.garantiedesdepots.fr

1. General limitation of protection

The general principle is that all customers, individuals or corporates, whether their accounts are opened in a personal or professional capacity, are covered by the FGDR. The exceptions for certain deposits or products are listed on the FGDR website.

Arab Bank Europe SA informs you on request whether or not its products are guaranteed. If a deposit is secured, Arab Bank Europe SA shall also confirm it on the statement of account sent periodically and at least once a year.

If a deposit is unavailable because an institution is unable to meet its financial obligations, depositors shall be compensated by a deposit guarantee scheme. The allowance is limited to €100,000 per person per institution. This means that all accounts payable with the same institution are added together to determine the amount eligible for the guarantee (subject to the application of the legal or contractual provisions on clearing with its accounts receivable). The maximum compensation is applied to this total. Deposits and persons eligible for this guarantee are mentioned in Article L. 312-4-1 of the Monetary and Financial Code (for details see the website of the French Deposit Insurance and Resolution Fund). For example, if a customer holds an eligible savings account with a balance of €90,000 and a current account with a balance of €20,000, the compensation will be capped at €100,000.

To be noted that the only saving account proposed by Arab Bank Europe SA is the Fixed Term Deposit.

2. Main special cases

The joint accounts are divided between the co-holders in equal shares, unless there is a contractual stipulation providing for another allocation scheme. The share for each is added to his own accounts or deposits and this total amount benefits from the guarantee up to €100,000.

Accounts belonging to corporates, opened in order to allocate to them the assets and/or bank deposits of a professional activity, shall be consolidated and treated as having been made by a single depositor separate from the accounts of the shareholders or members of those corporates.

3. Compensation

The French Deposit Insurance and Resolution Fund shall make compensation available to depositors and beneficiaries of the guarantee, for deposits covered by the FGDR, seven working days from the date of which the French Supervisory and Resolution Authority (ACPR) establishes that deposits of the institution are unavailable pursuant to the first subparagraph of Article L. 312-5 of the Monetary and Financial Code.

This time limit concerns compensation which does not involve any special treatment or additional information necessary for the determination of the compensable amount or the identification of the depositor. If a special treatment or an additional information is required, the compensation shall be paid as soon as possible.

For details on how to make compensation available, please refer to the FGDR website.

Customer acknowledgement

[Return to Arab Bank Europe SA](#)

Please complete this acknowledgement to confirm that you have received this Deposit Protection information sheet and return to your Relationship Manager as soon as possible.

Acknowledgement of receipt by the depositor:

Depositor name:

Depositor signature:

Date:

Details of applicant two

Personal details

*Title: ☐ Mr ☐ Mrs ☐ Miss ☐ Dr ☐ Prof

*First name:

*Last name:

*Middle names:

*Former names:

(such as maiden names or names previously used, please state if none)

*Gender: ☐ Male ☐ Female

*Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Other (please specify):

*Date of birth:

*Town / city of birth:

*Country of birth:

*Nationality:

*If you hold a dual nationality, please specify:

*Are you a U.S citizen: ☐ Yes ☐ No

If yes complete the W8 BEN & documentary evidence or W9 completed.

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*Are you a U.S Green Card holder: ☐ Yes ☐ No

*Are you a U.S taxpayer: ☐ Yes ☐ No

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*Current residential address:

*Length of time at this address: Years: Months:

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(not required if you have lived at your current address for three years or more)

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(if different from residential address)

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Employment details

- ☐ Employed ☐ Self employed ☐ House person ☐ Contracting
☐ Not employed ☐ In full time education ☐ Retired

Occupation:

Name of employer and address:

Position currently held:

Nature of company's business:

Gross annual salary:

Other income e.g. rental income, pension, dividend:

Bank details

Accounts with Arab Bank Group: ☐ Yes ☐ NoIs Arab Bank your main bank: ☐ Yes ☐ No

Accounts with other banks:

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Branch:

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- Regional government head or minister
- Member of the national legislature
- Member of the court of auditors or board of a central bank
- Senior civil servant – national government
- Senior member of the armed forces, police services or security services
- Senior member of the judiciary (including members of supreme / constitutional court)
- State corporation board member
- Head of state agency equal to ministerial level
- Ambassador or chargé d'affaires
- Director, deputy director or member of the board or equivalent function of a public international / supranational organisation (excluding international sporting federations)
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If YES, detail your current and past roles:

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Close family: includes direct family members, spouses, children and their spouses, parents and siblings.
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☐ Yes

☐ No

If YES, detail the name of the person and their current and past roles:

Role	Start date	End date

Please confirm if you are the director or member of the board of any company / charity.
(please provide details below)

☐ Yes

☐ No

Role	Company / charity name	Date from	Date to

Source of wealth

We need to understand your wealth and how it was acquired.

Your wealth	Currency and value	Details
Property Address, type, date acquired, estimated value and outstanding mortgage		
Investment, Savings Details of the nature, turnover and profits of the entity		
Income Details of previous profession, occupation, name of last employer		
Pensions Details of previous profession, occupation, name of last employer		
Other (please specify)		

Full name:

Specimen signature:

Date:

French Deposit Insurance and Resolution Fund (Applicant Two)



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If you have a joint account with one or more account holders:	The cap of €100,000 applies to each depositor separately. The balance of the joint account shall be distributed among its co-holders; the share of each is added with its own assets for the calculation of the guarantee cap applicable to it (2)
Other special cases:	See footnote (2)
Compensation period in the event of default of the institution:	Seven working days (3)
Currency of compensation:	Euro
Correspondent:	French Deposit Insurance and Resolution Fund (FGDR) 65, rue de la Victoire, 75009 Paris Phone: 01-58-18-38-08 E-mail: contact@garantiedesdepots.fr
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To be noted that the only saving account proposed by Arab Bank Europe SA is the Fixed Term Deposit.

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3. Compensation

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This time limit concerns compensation which does not involve any special treatment or additional information necessary for the determination of the compensable amount or the identification of the depositor. If a special treatment or an additional information is required, the compensation shall be paid as soon as possible.

For details on how to make compensation available, please refer to the FGDR website.

Customer acknowledgement

[Return to Arab Bank Europe SA](#)

Please complete this acknowledgement to confirm that you have received this Deposit Protection information sheet and return to your Relationship Manager as soon as possible.

Acknowledgement of receipt by the depositor:

Depositor name:

Depositor signature:

Date:

Type of account required

Complete all mandatory fields (*). Failure to complete all the applicable sections fully may delay or prevent the opening of the account.

- ☐ Sole account
- ☐ Joint account (2 account holders)
- ☐ Joint account (more than 2 account holders)
Please complete additional account holder opening form(s)

For joint accounts

Each joint account holder will be liable (individually and together) for any money due to us in respect of the joint account and will be bound by these Terms and Conditions (regardless of who incurred the debt or benefited from or participated in the transaction).

For full joint account operating terms and conditions, please refer to section 4.1.1 of the Current Account Agreement booklet, enclosed with this application.

*Full name(s):

Applicant 1:

Applicant 2:

*General:

Why would you like to open an account with Arab Bank Europe?

Introducer name / recommended by:

Purpose of account opening:

(please tick all that apply)

- ☐ Savings ☐ Current account ☐ Household expenses ☐ Loan repayments ☐ Other

Additional information:

Current Account	GBP	USD	EUR
*Expected amount to be deposited			
*Approximate monthly credit turnover			
*Approximate monthly debit turnover			

Inbound: Cash deposits: Other Credits: 3rd Party Credits

Outbound: Cash Withdrawals (Amount; Period: Reason: 3rd Party) : Visa cards :
Direct Debits : Loans Amount : Other

***Receiving money from outside of France / European Union – expected countries to receive transfers from:** Incoming transfers from whose accounts? Name of banks? Which country?

*** Sending money outside France / European Union – expected countries to send transfers to:** Outgoing transfers to which accounts? Name of banks? Which country?

Fixed Term Deposit	GBP	USD	EUR	Other currencies
Expected amount to be deposited (a minimum of €100,000 or equivalent in another currency)				

Right to cancel

For a period of 14 days starting from the day after the date on which we open your account, you have the right to cancel your agreement with us by writing to us at 41 Avenue de Friedland, 75008 Paris. If you cancel your agreement with us, we will give you your money back with any interest earned. We will ignore any notice period and will not impose any extra charges for this change, although normal charges for early withdrawal of Fixed Term Deposits will apply.

In the case of joint accounts

Correspondence and bank statements will only be sent to applicant one named on this form. Copies can be provided to other joint account holders on request.

Data protection

The personal data which you provide to us on this form will be used for the purposes of: (i) administering your application and, if such application is successful, operating and administering the service, which may include passing your personal data to a third party solely for the purpose of credit checking; and (ii) sending you information about products and services and/or the products and services of the Arab Bank Group. Our privacy policy (www.arabbankeurope.eu/important_information) contains further information about how we collect, handle, store and transfer your personal data.

We will pass your personal data where we are obliged to do so, to any regulatory authority by which we are regulated and in accordance with any legal requirement which applies to us.

In order to process your personal data for the purposes described above, we may transfer your personal data outside the European Economic Area to other members of the Arab Bank Group which is headquartered in Amman, Jordan, but we will always ensure that the transfer is lawful and that appropriate safeguards are in place before your personal information is transferred. For further information about our sharing of your personal data, please refer to our privacy policy.

Our privacy policy also sets out any rights that you may have under applicable data protection legislation and how to exercise these rights.

☐ Please tick the box if you do not wish to receive marketing information on the Bank's other services or products.

Declaration and signature

I/We hereby request and authorise the Bank to open/continue to hold an account(s) in my/our name(s) in accordance with the information provided in this application form and on the terms set out in the Private Banking Terms & Conditions (Personal Accounts) which includes the Scale of Charges and any Supplemental Conditions that apply to individual services or products that we provide to you.

I/We acknowledge that this form is available in both French and English, and I/we confirm that I/we have chosen to complete and sign the version in English as per my/our preference.

I/We confirm that we have read and agree to be bound by the Private Banking Terms & Conditions (Personal Accounts) including the Scale of Charges and any Supplemental Conditions that apply to this/these account(s) in relation to any other individual services or products that we provide to you in accordance with these terms.

I/We authorise you to make any enquiries that you consider necessary to confirm the details on this form.

I/We confirm that the information provided is true and complete to the best of my/our knowledge.

I/We will notify the Bank immediately if any details stated on this application form change.

I/We have read and understood the privacy policy which contains details about how the Bank collects, handles, stores and transfers my/our personal data and my/our rights in relation to my/our personal data.

☐ Current account agreement ☐ Privacy notice received ☐ FDGR information sheet and exclusions list received

I authorise the Bank to act on signed instructions (including payment instructions) sent via the following methods:

Email: ☐ Yes ☐ No Fax: ☐ Yes ☐ No

I/We acknowledge that the opening of the account is subject to the Bank's internal due diligence processes and will only be effective once I/we receive a confirmation letter including my/our new account number.

Signature(s) of account holder(s)

Name in full:

Specimen signature:

Date:

Signature(s) of family member account holder(s):

Name in full:

Specimen signature:

Date:

Signing instructions: ☐ Single ☐ Joint ☐ Other

Signature(s) of Arab Bank Europe SA representatives:

Name in full:

Specimen signature:

Date:

Bank use only

[illegible]

Supporting documentation checklist

☐ All mandatory fields are completed ☐ All applicants have fully completed all of the necessary questions in each section

Supporting documents	Applicant one	Applicant two	Applicant three	Applicant four
Identification				
Birth Certificate	☐	☐	☐	☐
Passport	☐	☐	☐	☐
Driving Licence	☐	☐	☐	☐
National ID	☐	☐	☐	☐
Others, please specify	☐	☐	☐	☐
Address verification				
Tenancy agreement / utility bill	☐	☐	☐	☐
Non-ordinary resident check				
Not applicable – UK resident	☐	☐	☐	☐
Tax self certification requirements				
Tax self certification completed and signed	☐	☐	☐	☐
If US citizen / person / resident / green card holder / resident alien	☐	☐	☐	☐
Completed and signed IRS Form W8 BEN/W9	☐	☐	☐	☐
Source of Wealth (SoW)				
Adequate evidence of Source of Wealth information obtained where necessary	☐	☐	☐	☐
Source of Funds (SoF)				
Source of Funds information obtained	☐	☐	☐	☐
Customer no:	Date:			
Authorised:	RD:			

Arab Bank Europe SA is a public limited company with a share capital of 75,000,000 Euros. Registered number: 844 842 278 RCS Paris.
Registered office: 41 avenue de Friedland, 75008 Paris, France. Intra-Community VAT number: FR72844842278.
Arab Bank Europe SA is authorised and regulated by the Prudential Supervision and Resolution Authority (ACPR).

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