

Account Application Form

The Manager
Offshore Banking Unit.
(Registered Bank, Registration No. 8122370)

Please open an account in our name with the following details.

Please (✓) where applicable:

Account Requirement									
I / We would like to apply for:									
<input type="checkbox"/> Business Current Account in	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> AUD	<input type="checkbox"/> JPY	<input type="checkbox"/> SGD	<input type="checkbox"/> CHF	<input type="checkbox"/> HKD	
<input type="checkbox"/> Time Deposit Account in	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> AUD	<input type="checkbox"/> JPY	<input type="checkbox"/> SGD	<input type="checkbox"/> CHF	<input type="checkbox"/> HKD	
<input type="checkbox"/> Non-Resident Account in	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> AUD	<input type="checkbox"/> JPY	<input type="checkbox"/> SGD	<input type="checkbox"/> CHF	<input type="checkbox"/> HKD	
Customer Information (Please complete all sections)									
We are a: <input type="checkbox"/> Limited Company <input type="checkbox"/> Partnership <input type="checkbox"/> Registered Club / Society / Association									
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Embassy / Diplomatic Office									
Registered name:									
Registration no.:			Date of registration / incorporation (dd/mm/yy):			Country of registration / incorporation:			
Mailing address (please provide street address):					Business address (if different from registered address):				
<hr/>					<hr/>				
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<hr/>					<hr/>				
Postcode <input type="text"/>					Postcode <input type="text"/>				
Registered office address in the Place of Incorporation:					Business telephone no.:				
<hr/>					<hr/>				
<hr/>					Business fax no.				
<hr/>					<hr/>				
<hr/>					Business e-mail:				
<hr/>					<hr/>				
Postcode <input type="text"/>					Business website:				
<hr/>					<hr/>				
Details of Contact Person / Authorised Persons to make enquiries via e-mail or phone									
Name:					NRIC/Passport No:				
<hr/>					<hr/>				
Telephone no.:			Mobile no.:		E-mail address:				
<hr/>			<hr/>		<hr/>				

For enquiries, please contact staff.

Business Information			
Please complete this section to help us understand your business needs.			
1. Purpose of account: _____ <i>e.g. working capital, dividend account, export payment</i>		2. Nature of activities: _____ <i>e.g. types of transactions</i>	
Nature of business / industry:			
1. _____ %		2. _____ %	
Types and countries of counter parties (for which funds transfer through the account):		Source of funds for initial deposit (if more than USD50,000).	
1. Type: _____ Country: _____ <i>e.g. buyers/sellers/inter-co</i>		<input type="checkbox"/> Own funds <input type="checkbox"/> Inter-company transfer <input type="checkbox"/> _____ others	
2. Type: _____ Country: _____ <i>e.g. buyers/sellers/inter-co</i>		Expected source and origin of funds passing through the account:	
3. Type: _____ Country: _____ <i>e.g. buyers/sellers/inter-co</i>		Is the business regulated by any regulatory authority?	
4. Type: _____ Country: _____ <i>e.g. buyers/sellers/inter-co</i>		<input type="checkbox"/> No	
5. Type: _____ Country: _____ <i>e.g. buyers/sellers/inter-co</i>		<input type="checkbox"/> Yes (Name of regulatory authority) _____	
Paid up capital : _____		Anticipated monthly activities:	
USD		Total Credits: _____ Total Value: _____	
Number of employees :		Total Debits: _____ Total Value: _____	
Business's annual sales turnover :		USD	
Name of parent company (if any) :		Subsidiary companies (in / outside Malaysia) (if applicable) :	
Country where parent company is based :		Associate companies (if applicable) :	
Is company publicly traded?		What other banks do you bank with?	
<input type="checkbox"/> No <input type="checkbox"/> If Yes, name of stock exchange _____		_____	
Is parent company publicly traded?		_____	
<input type="checkbox"/> No <input type="checkbox"/> If Yes, name of stock exchange _____		_____	
_____		_____	
_____		_____	

Audit Confirmation of Balance Request	
Please mail to my/our auditor, an audit confirmation of my/our balances.	
With effect from :	Auditor's name and address : Postcode
Financial year end :	
Frequency required <input type="checkbox"/> Yearly <input type="checkbox"/> Half yearly <input type="checkbox"/> Quarterly	

Note : Charges of USD30* (within 1 year) and USD50* (after 1 year) (or as may be amended from time to time by the Bank) are applicable for Audit Confirmation of Balance Request.
* or its equivalent in the relevant account currency

Account Services

I / We would like to subscribe to the following services

AGBnet

☐ Yes

☐ No

Note : Initial set up fee of USD110** and monthly service fee of USD70** will be imposed for AGBnet user. Please also note that additional documentation is required to subscribe to this service.

** or its equivalent in the relevant account currency

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Information of Director/Sole Proprietor/Signatory/Office Bearer

Registered Name:

Note:

All personal details of person mentioned in the Business Account Application Form and Signature Card must be completed in this section.

	Full Name as per NRIC/Passport:	Previous occupation/ Business background:	Source of Wealth/Income:
	Date of Birth:	Residential address (please provide street address): _____ _____ _____ _____ _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Permanent address (if different from Residential address): _____ _____ _____ _____ _____ Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	NRIC/Passport no.:		
	Nationality:		
	Sex:		
	Account Name:		
	Company:	Position:	Marital Status:
	Email:	Telephone No.:	Mobile No.:
	Next of Kin:	Relationship:	Signature:

Checked by: _____ Dated this day of , 20

Customer's Initial	
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Declaration

1. I/We confirm that the information given in this application is true, complete and not misleading, and authorise the Bank to confirm this from any source the Bank may choose. I/We will furnish such identification and/or supporting documents as may be required by the Bank for its due diligence.
2. I/We confirm that I am / we are not insolvent, no statutory demand has been served on me/us and no legal proceedings or regulatory investigations have been commenced against me/us at the time of this application.
3. I/We have not had any financial institution close my/our account with them.
4. I/We have access to and have read the latest version of the Bank's Generic Terms & Conditions and the Bank's Tariffs and Charges (available at www.epiceurobank.com and, I/we agree to be bound by the same (including all amendments thereto from time to time) should the Bank accept my/our application for account opening.
5. I/We understand that acceptance of this application is at the Bank's sole discretion and the Bank need not furnish any reason for rejecting this application.
6. I/We understand that the Bank reserves the right to close the account(s) if any documents requested by the Bank are not received within the stipulated timeframe; and that pending such receipt, the Bank is at liberty to suspend/restrict usage of the account(s) including but not limited to, restricting transfer of monies to third parties; and in event of closure, the Bank is at liberty to remit the monies in the account(s) to the source from where it came.
7. If I/we have stated in this application that I am / we are acting on behalf of 3rd party(ies), I/we confirm that I am / we are properly authorised by our principal(s) to do so in respect of this application.
8. Unless otherwise stated in this application, I/we confirm that I am / we are not acting on behalf of undisclosed 3rd party(ies).
9. I/We confirm that all documents furnished to the Bank in support of this application are up-to-date, correct, true and valid under applicable laws and in accordance with all relevant constitutional documents.

SIGNED FOR AND ON BEHALF OF THE APPLICANT **

1. Full name in BLOCK LETTERS

Relationship with the Applicant ☐ director / partner / sole proprietor / office-bearer
☐ company secretary / employee
☐ (please specify) _____

Signature



2. Full name in BLOCK LETTERS

Relationship with the Applicant ☐ director / partner / sole proprietor / office-bearer
☐ company secretary / employee
☐ (please specify) _____

Signature



3. Full name in BLOCK LETTERS

Relationship with the Applicant ☐ director / partner / sole proprietor / office-bearer
☐ company secretary / employee
☐ (please specify) _____

Signature



Dated this day of , 20

** To be signed by:

For Sole Proprietorship

For Partnership

For Limited Company

For Registered Club/Society/Association

For Embassy/Diplomatic Office

- the Sole Proprietor

- the Partner(s) authorised by the partnership resolution

- the person(s) authorised by a Board resolution

- the Office-Bearer(s) authorised by the governing body resolution

- H.E. Ambassador / High Commissioner