

#### **Individual Account Openning Form**

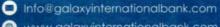
#### PLEASE COMPLETE IN BLOCK CAPITAL LETTERS AND TICK WHERE APPLICABLE

I/We hereby apply to open the following account and undertake to comply, observe and be bound by the terms and conditions that shall be accessed in the Banking Hall and at the Galaxy International Bank's official website.

Account Type	Individual Account	Joint Account	
Branch:			
Customer Name:			
A/C Number:			









# INDIVIDUAL ACCOUNT OPENNING FORM

Supreme Cu						
Supreme Current Account Joint Ac			ccount	Child Account		
Personal Cu	rrent Account		Other:			
Details of First	Applicant Faahfo	aainta Codsadaha	Koowaad			
Full Name: Magaca oo dhameystiran					Date of Birth: Taariikh Dhalasho	
Nationality: Jinsiyadda		ID/Passp Baasaboor L	ort No:		PP Expiry Date: Taariikhda uu dhacaay	0
Place of Birth: Goob Dhalasho			Country of	Residence:		
Postal Address:	Residency Address: Ciwaanka Deegaanka		4			
Tel Number:	Physical Location (town):					
Occupation:			Email:			
Marital Status Xalada Guurka	Single	Married		Gender	Male	Female Dhedia
Next of Kin1:xig						
Name:	Manager 17 April 18 A		Relation	nship:	Addre	əss:
Mobile:			Xirlirka — Email:		Ciwaar	
Next of Kin2 Xig	tada Labaad					THE STATE OF THE S
Name:			Relation	nship:	Addre	
Mobile:	,		Xiriirka Email:		Ciwaan	ka
Nature of Busin	ess/Economic	s sector: (Tic	ck the Pro	duct name) No	oca Ganacsiga	
Are you mployer:		Employed		Self employe	ed	Other
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Employer's Address Employer's Address Employer's Contactive and Second Employer's Address:  Next of Kin1:xight Name: Magaca  Next of Kin2:xight Name: Magaca	nd Applicant  Single Doob	Cour Dalka Roac Wadaa Faahfaainta Codsa ID/Passpe Baasaboor L	ort No: ambar Country of Dalka dagana Residency Ciwaanka Dee Physical Lo Magaalada Email:	Residence: ashada Address: gaanka ocation (town):  Gender Jinsiga	Building: Date of Birth: Taariikh Dhalasho PP Expiry Date: Taariikhda uu dhacaayi	Female Dhedig







### INDIVIDUAL ACCOUNT OPENNING FORM

Nature of	Business/E	conomics se	ector: (Tick the Pr	roduct name)	Nooca (	Ganacsiga	
	usiness		ealth	Educatio	on		Professionals
	(please spec						
			ccount per month (in				
Are yo	DU	Er Sh	nployed agaale	Self empl	loyed systa		Other Si kale
Employer: Loo shaqeeye				10-10			
Employer's Ac Ciwaanka shaqad	ddress:						
Employer's Co		s:					
Town:	21/10/20/20/20/20/20/20/20/20/20/20/20/20/20		Country:			Building:	
Magaalada						Dhismaha	
Floor: Qeybta			Road/Street:				
1st Signat	tory	THE T		2nd Sign	atory		
Full Name: Magaca oo dham	neystiran			Full Name: Magaca oo dhameys	itiran		
ID/PP Numbe	er:			ID/PP Number: Baasaboor Lambar			
PP Expiry Dat	e:			PP Expiry Date:			
Email:	aayo			Email:	0		
Mobile Number: Lam Mobeelka			Mobile Number:				
		11st Signato	Dry) Saxiixa Codsadaha 1aa		ianatu	re 12nd Sig	natory) Saxiixa Codsadaha 2aad
,	1st Si	gnatory Pho	ło		2nd	d Signatory	Photo
For Child A	Account						
Child's Full No	ame:						
Magaca Cunaga Child's Birth C	ertificate Nu					Date of Birth:	
Lambarka Shahaa	dada Dhalashada	Cunuga				Taariikh Dhalasho	
Relationsh	ip with the	child(Tick)	Xiriirka Cunuga				
Parent Yes, (specify) Waalid  Yes, (specify) Haa  Guardian Haa  Yes, (specify) Haa				es, (specify)			
	No Maya			Mason		No Maya	
Gender Jinsiga	Male Lab	Female Dhedig					
Signing Instruc	ctions (Tick)						
	Sole Kali	Either Midkeyn	All to sign Dhamaanteyn	Other (spec	ify)		





## INDIVIDUAL ACCOUNT OPENNING FORM

Additional Bar	nk Services							
Cheque book requestions of the		No Maya	Number of books:	25 Leaves	50 Leaves 100 Leaves			
Online Banking: Adeegga Online-ka	Yes	No Maya	Mobile Banking: Adeegga Moobeylka	Yes	No Maya			
By signing belo	W							
/ us now and any ti	me in the future fo des the Banks's t	or the purpose of co erms and condition	onsidering and requests for ns that may be accessed	or services and / or cr	and other enquires about me redit facilities. and on Galaxy Internationa			
Applicant's signate Saxiixa Codsadaha 1aad	ory1			Applicant's signatory2 Saxiixa Codsadaha 2aad				
Signing Instruct	tions Tilmaamta Sa	ixiixa						
Sole Kali	Either Midkeyn	All to Sign Dhamaanteyn	Other (s	specify)	YETUNGK IK			
For Bank Use O	only Ugaar ah Bang	iga						
(a) initial deposit	received USD							
	ived in form of:							
Cash								
Cheque								
Transfer								
Source of Fund	d:							
Salary	*							
Other inc	come							
Customer infor	mation check	dist (Please tic	ck the box if the req	uirement is satis	fied)			
	d certified copy of en/Military Card/	of National Refugee certificate		passport and Visa co applicable	pies obtained			
Signature	e of the client(s) o	btained	Photog	graphs obtained and	d authenticated			
Cheque	book ordered		Applic	ation duly complete	d			
Static Data Inp	ut							
		ad bu						
Officer ID Code	Account Open Name:	ed by:	Signature	<b>:</b>	Date:			
Role Code	Account Autho	orized by:		(4)				
	Name:		Signature	н.	Date:			



