



Account Opening Form

Business Account

PLEASE COMPLETE IN BLOCK CAPITAL LETTERS AND TICK WHERE APPLICABLE

Branch:

Customer Name:

A/C Number:

APPLICATION TO OPEN CORPORATE OR BUSINESS ACCOUNT

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 Galaxy International Bank's official website <https://www.galaxyinternationalbank.com>.

Please tick (✓) the appropriate box below

1. Account Details

Faahfaahinta Xisaabta

a. Account Type

Nooca Xisaabta

- ☐ Supreme Current Account
- ☐ GIB Transactional Account
- ☐ Business Current Account
- ☐ Corporate Current Account
- ☐ Other (Please specify): _____

b. Currency

Lacagta

- ☐ USD
- ☐ Other (Please specify): _____
Si kale (Fadlan tibiaax)

c. Cheque Book Required

Ma u baahantahy cheque buug

- ☐ Yes ☐ No
- Haa Maya
- ☐ If Yes, number of cheque leaves required ☐ 50 leaves ☐ 100 leaves
- Haddii ay haa tahay, tibiaax tirada xaanshiyaha jeegga 50/100 xaanshiyo

d. Online Banking

Adeegga Online-ka

- ☐ Yes ☐ No
- Haa Maya

e. Mobile Banking

Adeegga Mobile-ka

- ☐ Yes ☐ No
- Haa Maya

f. Please indicate email address for statement delivery Fadlan qor email-ka warbixinta laguugu soo dirayo

2 Customer Type (please complete this section 2 in full):

Please state your legal status:

- | | |
|---|---|
| <input type="checkbox"/> Company Shirkad | <input type="checkbox"/> Association Urur |
| <input type="checkbox"/> Partnership Iskaashi | <input type="checkbox"/> Society Bulsho |
| <input type="checkbox"/> Sole Proprietorship Lahaasho kali ah | <input type="checkbox"/> School Iskuul |
| <input type="checkbox"/> Government Institution Hay'adaha dowliga ah | <input type="checkbox"/> Club Naadi |
| <input type="checkbox"/> NGO Hay'adaha aan dowliga aheyn | <input type="checkbox"/> Other (Please specify): _____ Si kale |

3. Customer Details

Faahfaahinta Macmiilka

Account Name:

Magaca Xisaabta

Nature of Business:

Nooca ganacsiga

Registration Certificate Number:

Lambarka shahaadada diiwaangelinta

Date of Registration/Incorporation:

Taariikhda diiwaangelinta

P.O. Box

Postal Code

Region

Gobol

Physical Location Town

Magaalada

Area of Town

Xaafadda

Road

Wadada

Tel (nos) Office

Mobile

TIN

Website

Email

4. Expected annual turnover (in USD)

Fagiidada la filaayo sanadkii

5. Account/Facilities held with us or other banks:

Xisaabaha aad ku leedahay bangigeena ama bangiyada kale

| Bank Name: Magaca Bangiga | Branch: Xarunta | Account No.: Lam Xisaabta | Facilities Taken Adeega aad heshay |
|------------------------------|--------------------|------------------------------|---------------------------------------|
| i.) | | | |
| ii.) | | | |
| iii.) | | | |
| iv.) | | | |

5. Details of the Shareholders/Owners/Managing Members

Faahfaahinta Saamileyda/Milkiilayaasha/maamulayaasha xubanaha

| Name of SoleProprietor Director/Partner/Shareholders /Member Magacyada Xubnaha Shirkadda | Designation Jagada | ID/Passport/Alien Certificate number Lambarka Aqoonsiga | Gender Jinsiga | Percentage Ownership Boqoleyda Lahaanshaha | Address Cinwaanka | Signature Saxiixa |
|---|-----------------------|--|-------------------|---|----------------------|----------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |

6. Details of Next of Kin: Faahfaahinta Xigtada

| | | | |
|--|--|--|--|
| Name Magaca | | Relationship Xiriirka | |
| Tel No. Taleefan Lambar | | Road/Street Wadada | |
| District. Degmada | | Region Gobolka | |
| Physical Location Town Magaalada | | Country of Residence Dalka Degenaanashada | |

7. Details of the Authorised Signatories:
(Faafaahinta saxiixayaasha idman)

Photo & signature of 1st signatory

1st Signatory
Photo

| | |
|--|----------------|
| Signature of 1 st Signatory: Saxiixa Saxiixaha Koobaad | |
| Name: Magaca | |
| ID/PP Number: Lambarka Aqoonsiga | |
| Mobile Number: Moobel Lambar | |
| ID/PP Expiry Date: Taariikhda Dhicidda Aqoonsiga | DD / MM / YYYY |
| Visa Expiry Date: Taariikhda Dhicidda Dal-ku-galka | DD / MM / YYYY |

Photo & signature of 2nd signatory

2nd Signatory
Photo

| | |
|---|----------------|
| Signature of 2 nd Signatory: Saxiixa Saxiixaha Labaad | |
| Name: Magaca | |
| ID/PP Number: Lambarka Aqoonsiga | |
| Mobile Number: Moobel Lambar | |
| ID/PP Expiry Date: Taariikhda Dhicidda Aqoonsiga | DD / MM / YYYY |
| Visa Expiry Date: Taariikhda Dhicidda Dal-ku-galka | DD / MM / YYYY |

Photo & signature of 3rd signatory

3rd Signatory
Photo

| | |
|---|----------------|
| Signature of 3 rd Signatory: Saxiixa Saxiixaha Sedexaad | |
| Name: Magaca | |
| ID/PP Number: Lambarka Aqoonsiga | |
| Mobile Number: Moobel Lambar | |
| ID/PP Expiry Date: Taariikhda Dhicidda Aqoonsiga | DD / MM / YYYY |
| Visa Expiry Date: Taariikhda Dhicidda Dal-ku-galka | DD / MM / YYYY |

Photo & signature of 4th signatory

4th Signatory
Photo

| | |
|--|----------------|
| Signature of 4 th Signatory: Saxiixa Saxiixaha Afaraad | |
| Name: Magaca | |
| ID/PP Number: Lambarka Aqoonsiga | |
| Mobile Number: Moobel Lambar | |
| ID/PP Expiry Date: Taariikhda Dhicidda Aqoonsiga | DD / MM / YYYY |
| Visa Expiry Date: Taariikhda Dhicidda Dal-ku-galka | DD / MM / YYYY |

8. Signing instruction/Mandate

Qaabka Saxiixa Xisaabta

Please indicate how you wish to be signing on your account:

☐ Solely
Kali

☐ Either
Midkeen

☐ All to Sign
Dhamaanteyn

☐ Other (specify)
Si kale (Tibaax)

9. By Signing below I/We unequivocally agree and accept:

- This mandate and agreement.
- That you make credit reference and other enquiries about me / us now and at any time in the future for the purpose of considering and requests for services and / or credit facilities.
- This mandate includes the Banks's terms and conditions that may be accessed in any banking hall and on Galaxy International Bank's official website and may be amended from time to time.

| | |
|--|--|
| <p>Name Magaca</p> <p>Signature: _____ Date: DD /MM /YYYY Saxiixa Taariikhda</p> | <p>Name Magaca</p> <p>Signature: _____ Date: DD /MM /YYYY Saxiixa Taariikhda</p> |
| <p>Name Magaca</p> <p>Signature: _____ Date: DD /MM /YYYY Saxiixa Taariikhda</p> | <p>Name Magaca</p> <p>Signature: _____ Date: DD /MM /YYYY Saxiixa Taariikhda</p> |

10. For Branch Use Only (Ugaar ah Bangiga)

a) Initial deposit received USD _____ In form of ☐ Cash ☐ Cheque ☐ Transfer

b) Customer information checklist (Please tick (✓) the box if the requirement is satisfied):

☐ National ID /PP/Alien ID/Birth Cert - certified and copy obtained

☐ Photographs obtained and authenticated

☐ Bank statement verified and copy obtained

☐ Cheque book ordered

☐ Debit card ordered

☐ Certificate of incorporation

☐ Board resolution

☐ Constitution for societies

☐ Customer contact information available

| | | | |
|------------------------|--|------------------|--|
| OFFICER ID CODE | | ROLE CODE | |
|------------------------|--|------------------|--|

c) Account Opened by:

Name: _____ Signature: _____

Date: DD / MM / YYYY _____

d) Account Authorised by:

Name: _____ Signature: _____

Date: DD / MM / YYYY _____



GALAXY INTERNATIONAL BANK

Serving To Empower You