



## Individual Account Opening 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

## Account Type (Tick the Product name)

☐ Supreme Current Account ☐ Joint Account ☐ Child Account  
☐ Personal Current Account ☐ Other: \_\_\_\_\_

## Details of First Applicant Faahfaainta Codsadaha Koowaad

Full Name: Magaca oo dhameystiran	Date of Birth: Taariikh Dhalasho	
Nationality: Jinsiyadda	ID/Passport No: Baasaboort Lambar	PP Expiry Date: Taariikhda uu dhacaayo
Place of Birth: Goob Dhalasho	Country of Residence: Dalka daganaashada	
Postal Address:	Residency Address: Ciwaanka Deegaanka	
Tel Number: Tell Lambar	Physical Location (town): Magaalada	
Occupation: Shaqada	Email:	
Marital Status Xalada Guurka	<input type="checkbox"/> Single Doob <input type="checkbox"/> Married Xaas	Gender Jinsiga <input type="checkbox"/> Male Lab <input type="checkbox"/> Female Dhedig

## Next of Kin1: Xigtada Koowaad

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
Magaca \_\_\_\_\_ Xiriirka \_\_\_\_\_ Ciwaanka \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Tel \_\_\_\_\_

## Next of Kin2: Xigtada Labaad

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
Magaca \_\_\_\_\_ Xiriirka \_\_\_\_\_ Ciwaanka \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Tel \_\_\_\_\_

## Nature of Business/Economics sector: (Tick the Product name) Nooca Ganacsiga

☐ Agri Business ☐ Health ☐ Education ☐ Professionals  
☐ Other (please specify): \_\_\_\_\_

Expected monthly Income /deposit into account per month (in USD): \_\_\_\_\_

Are you ☐ Employed  
Shaqade ☐ Self employed  
Iskiis u shaqaysta ☐ Other  
Si kale \_\_\_\_\_

Employer: \_\_\_\_\_  
Loo shaqeeye

Employer's Address: \_\_\_\_\_  
Ciwaanka shaqada

Employer's Contact Details: \_\_\_\_\_

Town: Magaalada	Country: Dalka	Building: Dhismaha
Floor: Qeybta	Road/Street: Wadada	

## Details of Second Applicant Faahfaainta Codsadaha Labaad

Full Name: Magaca oo dhameystiran	Date of Birth: Taariikh Dhalasho	
Nationality: Jinsiyadda	ID/Passport No: Baasaboort Lambar	PP Expiry Date: Taariikhda uu dhacaayo
Place of Birth: Goob Dhalasho	Country of Residence: Dalka daganaashada	
Postal Address:	Residency Address: Ciwaanka Deegaanka	
Tel Number: Tell Lambar	Physical Location (town): Magaalada	
Occupation: Shaqada	Email:	
Marital Status Xalada Guurka	<input type="checkbox"/> Single Doob <input type="checkbox"/> Married Xaas	Gender Jinsiga <input type="checkbox"/> Male Lab <input type="checkbox"/> Female Dhedig

## Next of Kin1: Xigtada Koowaad

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
Magaca \_\_\_\_\_ Xiriirka \_\_\_\_\_ Ciwaanka \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobeelka \_\_\_\_\_

## Next of Kin2: Xigtada Labaad

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_  
Magaca \_\_\_\_\_ Xiriirka \_\_\_\_\_ Ciwaanka \_\_\_\_\_  
Mobile: \_\_\_\_\_ Email: \_\_\_\_\_  
Mobeelka \_\_\_\_\_



# INDIVIDUAL ACCOUNT OPENNING FORM

**Nature of Business/Economics sector:** (Tick the Product name) Nooca Ganacsiga

☐ Agri Business
 ☐ Health
 ☐ Education
 ☐ Professionals  
☐ Other (please specify): \_\_\_\_\_

Expected monthly Income /deposit into account per month (in USD): \_\_\_\_\_

Are you ☐ Employed Shaqaale ☐ Self employed Iskiis u shaqaysta ☐ Other Si kale \_\_\_\_\_

Employer: \_\_\_\_\_  
Loo shaqeeye

Employer's Address: \_\_\_\_\_  
Ciwaanka shaqada

Employer's Contact Details: \_\_\_\_\_

Town: Magaalada	Country: Dalka	Building: Dhismaha
Floor: Qeybta	Road/Street: Wadada	

1st Signatory	2nd Signatory
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Full Name: Magaca oo dhameystiran	Full Name: Magaca oo dhameystiran
ID/PP Number: Baasaboora Lambar	ID/PP Number: Baasaboora Lambar
PP Expiry Date: Taariikda uu dhacayo	PP Expiry Date: Taariikda uu dhacayo
Email:	Email:
Mobile Number: Lam Mobeelka	Mobile Number: Lam Mobeelka

<b>Specimen signature (1st Signatory)</b> Saxiixa Codsadaha 1aad	<b>Specimen signature (2nd Signatory)</b> Saxiixa Codsadaha 2aad
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1st Signatory Photo

2nd Signatory Photo

**For Child Account**

Child's Full Name: Magaca Cunaga oo dhameystiran	
Child's Birth Certificate Number: Lambarka Shahaadada Dhalashada Cunuga	Date of Birth: Taariikh Dhalasho

**Relationship with the child(Tick)** Xiriirka Cunuga

Parent Waalid ☐ Yes, (specify) \_\_\_\_\_ ☐ No Maya  
 Guardian Masuul ☐ Yes, (specify) \_\_\_\_\_ ☐ No Maya

Gender Jinsiga ☐ Male Lab ☐ Female Dhedig

Signing Instructions (Tick)  
Tilmaamta saxiixa

☐ Sole Kali ☐ Either Midkeyn ☐ All to sign Dhamaaniteyn ☐ Other (specify) \_\_\_\_\_

## Additional Bank Services

Cheque book required: ☐ Yes ☐ No  
Ma u bahantahy Buug cheque Haa Maya

Number of books: ☐ 25 Leaves ☐ 50 Leaves ☐ 100 Leaves  
Tirada Buugga

Online Banking: ☐ Yes ☐ No  
Adeegga Online-ka Haa Maya

Mobile Banking: ☐ Yes ☐ No  
Adeegga Moobeylka Haa Maya

## By signing below

I/We unequivocally agree and accept: this mandate and agreement. That you make credit reference and other enquires about me / us now and 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.

Applicant's signatory1  
Saxiixa Codsadaha 1aad

Applicant's signatory2  
Saxiixa Codsadaha 2aad

## Signing Instructions Tilmaamta Saxiixa

☐ Sole  
Kali

☐ Either  
Midkeyn

☐ All to Sign  
Dhamaantheyn

☐ Other (specify)  
Si kale

## For Bank Use Only Ugaar ah Bangiga

(a) initial deposit received USD

Deposits received in form of:

☐ Cash

☐ Cheque

☐ Transfer

Source of Fund:

☐ Salary

☐ Other income

## Customer information checklist (Please tick the box if the requirement is satisfied)

☐ Obtained certified copy of National ID/PP/Alien/Military Card/Refugee certificate

☐ Valid passport and Visa copies obtained where applicable

☐ Signature of the client(s) obtained

☐ Photographs obtained and authenticated

☐ Cheque book ordered

☐ Application duly completed

## Static Data Input

Officer ID Code	Account Opened by:		
	Name:	Signature:	Date:
Role Code	Account Authorized by:		
	Name:	Signature:	Date: