

[Date]

# Individual Account

Opening Form



**ALHAMBRA BANK & TRUST LIMITED**

64 Earth Close, 2A3 Landmark Square Seven Mile Beach,  
Grand Cayman KY1-1202 Cayman Islands

**Form Submission Instructions:**

1. **Complete and sign** your application using **black ink**.
2. **Gather all specified requirements** listed in the form.
3. **Return your completed and signed application** along with the specified requirements via any of the following methods:

1. **Scan & Email (recommended)**

[abt@abt.ky](mailto:abt@abt.ky)

Acceptable file formats include: JPG, JPEG, PNG, PDF

Include your Name in the Email Subject

750 B St. Suite 2850, Symphony Towers

San Diego 92101, California, United States

2. **Mail**

Personal Details		
<b>Primary Client Details</b>		
First Name	Middle Name	Last Name
Date of Birth	Country of Birth	
Passport Number:	Country of Issuance:	
<b>Residence Address:</b>		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
<b>Mailing Address</b>		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number:	Home Phone Number	
<b>Secondary Client Details:</b>		
First Name	Middle Name	Last Name
Date of Birth	Country of Birth:	
Passport Number	Country of Issuance	

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<b>Residence Address</b>		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
<b>Mailing Address</b>		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Contact Number	Home Phone Number	
<b>Employment Details</b>		
<b>Primary Client Employment Details</b>		
<b>If Employed</b>		
Occupation or Job Title		
Name of Company/Employer/Industry:		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Phone Number	Email Address	
<b>If Self-Employed</b>		
Occupation or Job Title		
Name of Business/Industry		
Address	Apt, Suite, Floor, etc.	
State/Province	Postal Code	Country
Phone Number	Email Address	
<b>Retired</b>	<b>Yes___ No___</b>	
<b>Others</b>		

**Secondary Client Employment Details****If Employed**

Occupation or Job Title

Name of Company/Employer/Industry

Address

Apt, Suite, Floor, etc.

State/Province

Postal Code

Country

Phone Number

Email Address:

**If Self-Employed**

Occupation or Job Title

Name of Business/Industry

Address

Apt, Suite, Floor, etc.

State/Province

Postal Code

Country

Phone Number

Email Address

**Retired:** Yes\_\_\_ No\_\_\_**Others****OECD CRS Status (Common Reporting Standard)**

Tax residence country

Taxpayer identification number:

**Financial Details****Type of Account:****Private Banking:**☐

CD

☐

Money Market

**Investment:**☐

Stocks

☐

Mutual Funds

☐

Bonds

☐

Real Estate

☐

ETF

☐

Others

**Annual Income Range:**

- ☐ \$100,000- \$250,000
- ☐ \$250,001- \$500,000
- ☐ \$500,001- \$1,000,000
- ☐ Greater than \$1,000,00

**Source of Wealth:**

- ☐ Income from employment/ business activity
- ☐ Income from dividends/ interests
- ☐ Income from real estate/ rent
- ☐ Donation/ inheritance/ divorce settlement
- ☐ Income from sale of assets
- ☐ Other source of income. Specify \_\_\_\_\_

**Investment Profile****What are the investment objectives/strategy?**

- ☐ **Conservative:** Focus on low-risk investments
- ☐ **Conservative to Moderate:** Include a mix of bonds and stable stocks.
- ☐ **Moderate:** Balance between stocks and bonds.
- ☐ **Growth & Income:** Emphasize growth stocks with some income-generating assets.
- ☐ **Aggressive:** Prioritize high-risk, high-reward investments.

**What is the time horizon of the investment objectives?**

- ☐ Up to 1 year
- ☐ Between 1 and 5 years
- ☐ More than 5 years

**Investment Experience****Level of Investment Experience:**

- ☐ Little Knowledge (1-5 Years)
- ☐ Moderate Knowledge (5-10 Years)
- ☐ Very Knowledgeable (Over 10 Years)

**Confirmation**

Are you a U.S. resident or citizen, or do you have any other relationship with the U.S.?

- ☐ Yes ☐ No

If you selected **No**, please specify:

Name

Tax Identification Number

Address

Apt, Suite, Floor, etc.

State/Province

Postal Code

Country

**U.S. person other than Specified U.S. person**

Name

Tax Identification Number

Address

Apt, Suite, Floor, etc.

State/Province

Postal Code

Country

**Are you a politically exposed person (PEP), or related to one?**☐

Yes

☐

No

*If you selected **No**, please specify:*

Name of the PEP

Their Position

Country

**Are you the Ultimate Beneficiary Owner of the account?**☐

Yes

☐

No

*Thank you for completing this Account opening with Alhambra Bank and Trust Limited. By signing this application form, you acknowledge and confirm that:*

*I have previously received, read carefully and fully understand and agree to be bound by and comply with the provisions of the following documents of Alhambra Bank and Trust Limited, that shall govern my business relationship with Alhambra Bank and Trust Limited.*

- ✓ *General Disclosure Agreement*
- ✓ *Risk Warning Disclosure*
- ✓ *FATCA and CRS Form*

Name

Signature

Date



### **DECLARATION**

In the following paragraphs "Bank" shall mean Alhambra Bank & Trust Limited

1. I declare the information given in this application form, together with the documents detailed in the checklist, is complete and accurate.

2. I authorize the Bank to make any credit reference searches or other enquiries in connection with this application. The Bank may store, and process information obtained by the Bank from this application and from its dealings with me/us.

3. I declare the account will only be used for legal purposes.

4. I agree to inform the Bank immediately of any changes in our status that could affect the operation of the account. I undertake to supply additional information to the Bank when requested to do so either because of this application or from the subsequent conduct of the account.

5. I request and authorize the Bank to receive instructions and information via electronic or telephonic communication equipment ("Electronic Communication") which shall include but not be limited to facsimile and email, given from time to time by me and to act on such instructions and information. I agree that the Bank shall not be obliged to satisfy itself that such instructions are authentic or given in good faith. I agree that the Bank shall not be responsible for any errors or fraud arising from delivery, receipt, or transmission of any instructions via Electronic Communication and agree to assume full responsibility for all actions taken by the Bank or any of its correspondents or agents in accordance with instructions purporting or appearing on their face to have been received from me. Any action taken in good faith by the Bank or any of its correspondents or agents resulting from or in connection with any such Electronic Communication shall be binding on me. I agree to indemnify and hold harmless the Bank, its correspondents or agents, from and against any and all liabilities obligations, losses, damages, penalties, actions, judgements, suits, costs, expenses or disbursements of any kind or nature whatsoever which may be imposed upon incurred by, or served against the Bank or its correspondents or agents by reason of their actions taken in accordance with Electronic Communication.

6. I agree the Bank may, but shall not be obliged to, record all telephone calls, and may retain such recordings to be used, if necessary, to evidence the terms of the relevant telephone conversation providing all such recordings shall remain the property of the Bank.

7. I agree to pay the Bank's usual and customary fees for acting in accordance with any instructions received. The Bank may debit our account with such fees and charges.

8. I confirm and agree that I am responsible for reviewing upon receipt all account statements or other notifications relating to the account of if I fail to do so, the Bank will not be liable for any losses incurred after the time such information should have been discovered.

_____	_____	_____
Name	Signature	Date

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### **REQUIREMENTS**

1. Please provide 2 valid identification type such as passport and driver's license confirming your identity and must contain your photo and your hand-written signature.
2. Utility bill confirming your residential address (should be not older than 6 months)
3. It is important that all submitted documentation is legible, without image modifications or irrelevant subjects in it. A full-page colored scan copy should be provided for ID documents (with clearly visible machine-readable zone codes if any).

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Nothing Follows