

Account opening form for Commercial Banking

SECTION 1 - PRELIMINARY QUESTIONNAIRE

A. LEGAL ENTITY DETAILS

Name of company: _____	
Date of Establishment (commencement of operations if different): _____	
Date of Incorporation/registration (if different from Establishment): _____	
Country of incorporation/registration _____	
Business Activity	% of Total Turnover
1. _____	_____
2. _____	_____
3. _____	_____
Registered Address: _____	
Principal Business Address _____	
Legal Status:	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Liability Co. <input type="checkbox"/> Branch of Foreign Co. <input type="checkbox"/> Joint Stock <input type="checkbox"/> Others*
* Please provide details: _____	
Incorporation/Registration Document Number: _____	
Inc/Reg Doc Expiry**:	Issuing Authority: _____
** Where applicable. If Inc/Reg Document has expired please arrange to provide the renewed copy of the valid Document.	
Nature of account:	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident***
*** In case of Non-Resident Account kindly specify Country and Year of Incorporation of the Parent Company and provide the latest copy of the renewed Trade License of the Parent Company issued in the country of Incorporation.	
Name of the Group (Parent company): _____	
Year of Incorporation of Parent: _____	
Country of Incorporation of Parent: _____	
Country of Primary Operation of Group: _____	
Main Business Activity of Parent: _____	
Is customer/parent listed on any stock exchange (if yes, provide details): _____	
Registered Address: _____	
Principal Business Address: _____	
Is the parent group banking with HSBC Bank? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please advise Branch and account number)	
HSBC Bank (Branch): _____	
Account number: _____	
RM name/contact: _____	

B. ACCOUNT OPENING

Type of Account Required			
<input type="checkbox"/> Current Account (CUA)	Currency of Account	<input type="checkbox"/> BHD	<input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____	
<input type="checkbox"/> Call Deposit Account (CDP)	Currency of Account	<input type="checkbox"/> BHD	<input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____	
<input type="checkbox"/> Term Deposit Account (TMD)	Currency of Account	<input type="checkbox"/> BHD	<input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____	
<input type="checkbox"/> Others (Please specify) _____			
		Currency of Account	<input type="checkbox"/> BHD <input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> EUR
		<input type="checkbox"/> Others (Please specify) _____	
Statement Required (For Current and Call Accounts Only)			
<input type="checkbox"/> Monthly as at close of business on (Date) _____			
<input type="checkbox"/> Other Frequency (Please specify) _____			
<input type="checkbox"/> Mail to Correspondence Address as documented in Contact Details			
<input type="checkbox"/> Other Delivery Instructions _____			
<input type="checkbox"/> Electronic			
Cheque Book Required (For Current Accounts Only)			
Number of Books required (_____ leaves each) _____			
Cheque book(s) to be _____			
<input type="checkbox"/> Sent by courier to _____			
<input type="checkbox"/> Collected at (Branch) _____ by authorised representative			

C. ELECTRONIC BANKING SERVICES REQUIRED

Please obtain the respective application form for every service you require.			
<input type="checkbox"/> Business Telephone Banking	<input type="checkbox"/> Business SMS Alerts	<input type="checkbox"/> HSBCnet*	<input type="checkbox"/> Business ATM/Debit Card
*Our product specialist will contact you for implementation			

D. FINANCIAL INFORMATION

1. Purpose of Account: _____	
2. Do you intend doing Trade and Guarantee business with HSBC? <input type="checkbox"/> Yes* <input type="checkbox"/> No	
*If yes, facilities: _____	
3. Turnover	
a. Your Local sales turnover (Annual LCY 'thousands)	
Current _____	Projected: _____
b. Your Group sales turnover (Annual USD 'thousands)	
Current _____	Projected: _____
4. Purchase	
Your total purchases (Annual LCY 'thousands):	
Current _____	Projected: _____
5. Approximate Annual Profit/Before Tax:	
Local (LCY 'thousands) Current: _____	Projected: _____
Group (USD 'thousands) Current: _____	Projected: _____
6. Approximate Total Value of Assets:	
Local (LCY 'thousands): _____	
Group (USD 'thousands): _____	
7. Share Capital	
Authorised (LCY 'thousand): _____	
Issued (LCY 'thousands): _____	
Paid (LCY 'thousands): _____	
8. Principal source of funds/Capital employed into Business: _____	
Source of currency deposited, account opening funds	
9. Principal Source of Wealth for Customer: _____	
Relates to business activity or situation that generated the Customer's accumulated capital	
10. Date of last Audited Accounts: _____	

E. GENERAL INFORMATION

1. Please confirm if your company has gone through any Ownership change in the last 3 years?

☐ Yes* ☐ No

*If Yes, please provide details of the change and documentation

2. Please confirm if your company has gone through any Legal Entity status change in the last 3 years?

☐ Yes* ☐ No

*If Yes, please provide details of the change and documentation

3. Please provide details of any other Business accounts you may have with HSBC Group:

Account Name	Customer Number	Country
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

4. Please list any related entities to the Company, if any and % ownership:

Within Country where this account is operated:

Name of Entity	How related (e.g. affiliate, associate subsidiary or parent)	% ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Outside Country:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Number of employees in the Company _____

6. Number of employees in the Group: _____

7. Please list any countries in which the Company has operations (eg. Sales offices, factories, representative offices etc)

Operation Type	Country	Percentage of Total Company Assets (Entity)	Percentage of Total Company Assets (Group)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

8. Attach a copy of the company structure chart

F. COMMERCIAL INFORMATION

COMMERCIAL INFORMATION

1. Please list the products/services offered by the company.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

2. Are you authorised distributor/agent for any products/services? If yes, please list below:

Product	Authorised by
a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

3. Please provide names of your Top 10 Buyers (by Gross Sales) and Top 10 Suppliers (by Gross Purchases) in the space provided below:

Buyers	Country of Export	Country of Final Destination (if not same as Country of Export)	Percentage of Sales
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
Suppliers	Country of Origin	Country of Source (if not same as Country of Origin)	Percentage of Purchases
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

TRANSACTION INFORMATION

1. Approximately how many **Telegraphic Transfers** (TTs) is your business expected to have in a month?

Inward: Number of Transactions _____ Total Value (LCY'000s) _____

Outward: Number of Transactions _____ Total Value (LCY'000s) _____

2. Please list all the countries that you expect to send and receive TTs to and from?

Inward (to LCY) _____

Outward (from LCY) _____

3. Approximately how many **Cash** transactions is your business expected to have in a month?

Withdrawal: Number of Withdrawals _____ Total Value (LCY'000s) _____

Deposit: Number of Deposits _____ Total Value (LCY'000s) _____

4. Approximately how many **Cheque** transactions is your business expected to have in a month?

Number of Withdrawals _____ Total Volume _____

Number of Deposits _____ Total Volume _____

5. Is your company's business (including your company's owners and subsidiaries) related whether directly or indirectly to any of the following countries: Syria, Iran, North Korea, Sudan, Burma, Cuba, Zimbabwe, Belarus??

☐ Yes or ☐ No

G. CONTACT DETAILS

The below information will be used for all future communication by the Bank.	
Correspondence Address	<div></div> <div></div> <div></div>
Telephone Number	Office 1: <div></div> Office 2: <div></div>
Fax	<div></div>
Email	<div></div>
Website/URL Address of the Company	<div></div>
Primary Contact Person along with Mobile Number	Name: <div></div>
	Position: <div></div>
	Mobile: <div></div>
	Name: <div></div>
	Position: <div></div>
	Mobile: <div></div>
	Name: <div></div>
	Position: <div></div>
	Mobile: <div></div>

H. OTHER BANKERS INFORMATION (IF ANY):

Other Banks Used (Name and Location)	Purpose (Please give brief summary)		
	Account	Credit Facilities	Investments
1. <div></div>	<div></div>	<div></div>	<div></div>
2. <div></div>	<div></div>	<div></div>	<div></div>
3. <div></div>	<div></div>	<div></div>	<div></div>
4. <div></div>	<div></div>	<div></div>	<div></div>

SECTION 2 - CUSTOMER ONBOARDING QUESTIONNAIRE

I. DETAILS OF OWNERSHIP, DIRECTORS & AUTHORISED SIGNATORY(S) OF THE COMPANY

1. Following are all the (Entity/Individual) IMMEDIATE OWNERS/Principal Shareholders (as per trade license/company register/official gazette) of the company with shareholding of 10%(Note 1) or more:

Note 1: Or lower as per local regulatory requirements

Full Name of Shareholder*	Residential Address of Shareholder and Telephone Number/ Principal Business Address	Identification Document (Passport/Company Registration) Details **	Country of Residence and Country of Head Quarters	Shareholding/ Ownership Percentage (%)	Others (if applicable)
		Passport No _____ ID/Registration No _____ Expiry Date _____ Occupation: _____ Country of Birth/ Incorporation: _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____	Country of Residence: _____ Country of Head Quarters: _____		Names of Stock Exchange, if listed: _____ Ticker ID, if applicable _____ Name of Regulatory Body (if regulated entity) _____ Country of Regulatory Body: _____ Regulatory Ref. No: _____
		Passport No _____ ID/Registration No _____ Expiry Date _____ Occupation: _____ Country of Birth/ Incorporation: _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____	Country of Residence: _____ Country of Head Quarters: _____		Names of Stock Exchange, if listed: _____ Ticker ID, if applicable _____ Name of Regulatory Body (if regulated entity) _____ Country of Regulatory Body: _____ Regulatory Ref. No: _____

Full Name of Shareholder*	Residential Address of Shareholder and Telephone Number/ Principal Business Address	Identification Document (Passport/Company Registration) Details **	Country of Residence and Country of Head Quarters	Shareholding/ Ownership Percentage (%)	Others (if applicable)
		Passport No <hr/> ID/Registration No <hr/> Expiry Date <hr/> Occupation: <hr/> Country of Birth/ Incorporation: <hr/> Nationality/Dual Citizenships <hr/> HSBC Customer No, if applicable <hr/>	Country of Residence: <hr/> Country of Head Quarters: <hr/>		Names of Stock Exchange, if listed: <hr/> Ticker ID, if applicable <hr/> Name of Regulatory Body (if regulated entity) <hr/> Country of Regulatory Body: <hr/> Regulatory Ref. No: <hr/>
		Passport No <hr/> ID/Registration No <hr/> Expiry Date <hr/> Occupation: <hr/> Country of Birth/ Incorporation: <hr/> Nationality/Dual Citizenships <hr/> HSBC Customer No, if applicable <hr/>	Country of Residence: <hr/> Country of Head Quarters: <hr/>		Names of Stock Exchange, if listed: <hr/> Ticker ID, if applicable <hr/> Name of Regulatory Body (if regulated entity) <hr/> Country of Regulatory Body: <hr/> Regulatory Ref. No: <hr/>

* For non-individuals - Please state legal full name of the company (correspondence /short name will be same). For individuals, please state Title first, followed by first name, middle name and family name

** For Individuals – Please state Passport No., ID No. and Nationality.
For Companies – Please state Registration No. and Country of Incorporation.

2. **Following are the details of all ENTITIES/INDIVIDUAL who are Intermediate Beneficial Owners and Ultimate Beneficial Owners with shareholding of 10% (Note 1) or more of the entity opening/holding account with HSBC**
Applicable only if corporate entities are shown as owners/shareholders under Section 1. For names of Individuals already covered under Section 1, please mention only the name and shareholding percentage)

Note 1: Or lower as per local regulatory requirements

Full Name of Intermediate/ Ultimate Beneficial Owner (Individual)*	Residential Address of the ultimate beneficial owner and Telephone Number	Identification Document (Details of Passport, etc.)	Ownership Percentage (%)
		ID Type/No <hr/> Expiry Date <hr/> Occupation <hr/> Country of Birth/ Incorporation: <hr/> Country of Residence <hr/> Nationality/Dual Citizenships <hr/> HSBC Customer No, if applicable <hr/>	
		ID Type/No <hr/> Expiry Date <hr/> Occupation <hr/> Country of Birth/ Incorporation: <hr/> Country of Residence <hr/> Nationality/Dual Citizenships <hr/> HSBC Customer No, if applicable <hr/>	

Full Name of Intermediate/ Ultimate Beneficial Owner (Individual)*	Residential Address of the ultimate beneficial owner and Telephone Number	Identification Document (Details of Passport, etc.)	Ownership Percentage (%)
		<div>ID Type/No</div> <div></div> <div>Expiry Date</div> <div></div> <div>Occupation</div> <div></div> <div>Country of Birth/Incorporation:</div> <div></div> <div>Country of Residence</div> <div></div> <div>Nationality/Dual Citizenships</div> <div></div> <div>HSBC Customer No, if applicable</div> <div></div>	
		<div>ID Type/No</div> <div></div> <div>Expiry Date</div> <div></div> <div>Occupation</div> <div></div> <div>Country of Birth/Incorporation:</div> <div></div> <div>Country of Residence</div> <div></div> <div>Nationality/Dual Citizenships</div> <div></div> <div>HSBC Customer No, if applicable</div> <div></div>	

* Please state Title first, followed by first name, middle name and family name. If any corporate entity stated under section 1 is listed in a stock exchange, please provide the details here.

3. Following are the details of the Directors of our company:

Full Name of the Director* and Position in Company	Residential Address of the Director** and Telephone Number	Identification Document Details of the Director**
		PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth _____ Country of Residence _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____
		PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth _____ Country of Residence _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____
		PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth _____ Country of Residence _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____
		PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth _____ Country of Residence _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____
		PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth _____ Country of Residence _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____
		PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth _____ Country of Residence _____ Nationality/Dual Citizenships _____ HSBC Customer No, if applicable _____

4. Details of/Authorised Signatories/Key Controllers/Direct Appointees/Power of Attorney for the account(s) of our company (As advised to the Bank*)**

Full Name & Position in the Company *	Residential Address ** and Contact Details	Identification Document Details**
	Direct Line: _____ Land Line: _____ Mobile Number: _____ Email Address: _____ Residential address: _____ _____ _____	PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth: _____ Country of Residence _____ Nationality/ Dual Citizenships _____ HSBC Customer No, if applicable _____
	Direct Line: _____ Land Line: _____ Mobile Number: _____ Email Address: _____ Residential address: _____ _____ _____	PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth: _____ Country of Residence _____ Nationality/ Dual Citizenships _____ HSBC Customer No, if applicable _____
	Direct Line: _____ Land Line: _____ Mobile Number: _____ Email Address: _____ Residential address: _____ _____ _____	PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth: _____ Country of Residence _____ Nationality/ Dual Citizenships _____ HSBC Customer No, if applicable _____
	Direct Line: _____ Land Line: _____ Mobile Number: _____ Email Address: _____ Residential address: _____ _____ _____	PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth: _____ Country of Residence _____ Nationality/ Dual Citizenships _____ HSBC Customer No, if applicable _____

Full Name & Position in the Company *	Residential Address ** and Contact Details	Identification Document Details**
	Direct Line: _____ Land Line: _____ Mobile Number: _____ Email Address: _____ Residential address: _____ _____ _____	PP No _____ Expiry Date: _____ Other ID No _____ Expiry Date: _____ Country of Birth: _____ Country of Residence _____ Nationality/ Dual Citizenships _____ HSBC Customer No, if applicable _____
<p>* Please state Title first, followed by first name, middle name and family name and position in the company (Share Holder/Director/POA holder)</p> <p>** For Individuals already covered under section 1 & 2 please state only the name and indicate 'Section 1/2 refers'</p> <p>*** Any changes in the mandate to be advised separately.</p>		

5. Are any of the individuals identified in the above sections considered to be influential politically, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below.

Full Name	Current Position	Previous Positions (Dates held until)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the individuals identified in the above sections have any close associates / immediate family members of a person considered to be influential politically or politically exposed or holding any in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below

Full Name	Relationship to Close Associate or Family Member	Current Position of Close Associate / Family Member	Previous Positions of Close Associate / Family Member (Dates held until)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By completing/declaring the details above (to be signed by Authorised Signatories as per Account Mandate):

- We hereby certify that all information provided herein above are true and correct as of the signature date.
- We undertake to notify the bank of any changes to the information provided.

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____