COOP Bank of Oromia

Baankii Hojii Gamtaa Oromiyaa
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Diaspora Account Opening Form

Customer ID._____ Account Number_____

PASSPORT SIZE PHOTO

1. Type of Diaspora Account

Demand Deposit Account ☐   Fixed Time Deposit Account ☐   Non-Repatriable Birr Accoul ☐

ECOLFL ☐

2. ApplicantName_____MidName_____Last Name_____

Address of Applicant

Country_____City_____State_____

Zip Code_____ Tel._____ Email_____

Nationality_____ Occupation _____

Passport / Ethiopian Origin ID No._____ yellow card /work permit/ recedent/No._____

Types of Foreign Currency to Be Used For Deposit, **USD** ☐   **GBP** ☐   **EUR** ☐

Place of Issue_____ Initial Deposit_____

Applicant Signature1._____2._____3._____

For Joint Account Applicant 2

1. ApplicantName_____MidName_____Last Name_____

Address of Applicant

Country_____City_____State_____

PASSPORT SIZE PHOTO

Zip Code_____Tel._____

Email Address_____

Nationality_____ Occupation _____

Passport / Ethiopian Origin ID No._____ yellow card /work permit/ No._____

Place of Issue_____ Initial Deposit_____

Applicant's Signature1._____2._____3._____

Note: If the Account Is Opened Jointly, Spaceman Has to Be Filled By Each of Them in the Space Provided Attaches the Copy of Your Passport, Ethiopian Origin ID or Work/Permanent Resident Permit and Photo with Is Application

Sign Three Times on the Space Provided
Name and Signature of the CSO Maker_____
Name and Signature of the CSO Checker_____
Name and Signature of the Branch Controller_____
Date Account Opened_____

I/WE/OUR ORGANISATION AUTHORIZE THE BANK TO ACCEPT BOTH/EITHER/ALL/ANYONE OF THE SIGNATURES APPEARING ON THE PAPER AS A VALID DISCHARGE FOR ALL TRANSACTIONS OF THE ACCOUNT OPENED IN MY/OUR NAME(S) TODAY. IT IS AGREED THAT ALL TRANSACTIONS BETWEEN THE BANK AND THE UNDERSIGNED SHALL BE GOVERNED BY THE RULES AND REGULATIONS OF THE BANK AND SUBJECT TO ALL CHANGES THEREIN OR ADDITIONS THERE TO.

I/WE/OUR ORGANISATION CONFIRMS THE ABOVE INFORMATION AND STATEMENT ARE CORRECT AND TRUE. I AM/WE ARE ALSO AWARE OF THE CRIMINAL AND CIVIL LIABILITY ON FORMAL OPERATION OF ACCOUNTS.

I/WE /OUR ORGANISATION HEREBY APPLY FOR RELATIONSHIP WITH YOUR BANK UNDER WHICH I/WE WILL HAVE ACCESS TO ALL PRODUCTS AS SELECTED BY ME/US.

UP ON RECEIPT OF THE BANK STATEMENT, I/WE NOTIFY THE BANK'S INTERNAL AUDIT WITH IN FIFTEEN DAYS FOR ANY VARIATION OTHER WISE IT WILL BE CONSIDERED AS CORRECT.

IF I/WE/ OUR ORGANISATION WITHDRAW MONEY ABOVE AVAILABELE BALANCE (OVER DRAW) FROM MY ACCOUNT I/WE WILL RETURN THE MONEY TO THE BANK AS PER THE REQUEST AND I/WE WILL PAY INTEREST FOR THE DATE I/WE OVER DRAW THE MONEY TO PAY OUT DEBT.

APPLICANT'S SIGNATURE_____**DATE** _____