

New Account Questionnaire – Personal Account

The purpose of this questionnaire is to provide all necessary information that will enable the Bank to evaluate and approve your request. Please note that the proper submission of the requested documentation does not guarantee the opening of the account.

1. GENERAL INFORMATION

Name of individual :			
(as it appears on the Passport or ID Card)			
Date of birth:		Nationality:	
Place & Country of birth:			

Passport details:

Passport/ID Card no.:		Country of issue:	
Date of Issue:		Date of expiry:	

Address of permanent residence:

Number & street:			
Postal code:		Town:	
		Country:	
Home telephone no.:		Work telephone no.:	
Mobile telephone no.:		E-mail / Web address:	
Fax no.:		Skype ID:	

2. FINANCIAL INFORMATION

Occupation:	
Employment status:	☐ Employed ☐ Self-employed ☐ Other (Please specify) _____
Employer's name:	

You are resident for tax purposes of (Please state the country)

Annual income or annual business turnover (If self-employed) in EUR:

Source of income, including for self-employed individuals: (i.e. salaries, dividend payments, savings, other)

Value of Wealth:

Source of Wealth:

Anticipated expected annual turnover on account for the next 3-year period (equivalent in EUR):

	Current year 20.....	Following year.....	3rd year.....
Amount in EUR			

Purpose/reason of application for opening the account: (Please tick as appropriate)

☐ Deposit/savings
 ☐ Credit facilities
 ☐ Commission/bonuses
 ☐ Salary payments
 ☐ Other (Please specify below)

Nature of the transactions to be performed: (Please tick as appropriate)

☐ Swift payments
 ☐ Cash transactions
 ☐ Credit facilities
 ☐ Use of Cards
 ☐ Other (Please specify below)

Expected Origin of Incoming Funds:(i.e. where and whom funds are expected to be received from)

	Country of Remitter's bank		Name of Remitter
1		1	
2		2	
3		3	

Expected Destination of Outgoing Payments:(i.e. where and whom payments are expected to be made to)

	Country of Beneficiary's bank		Name of Beneficiary
1		1	
2		2	
3		3	

3. OTHER INFORMATION

Have you, a member of your family or a close associate occupied in the last twelve months a senior public office in the Republic of Cyprus or in a foreign country? (if the answer is 'yes' please fill in 'name' and 'position') ☐ **Yes** ☐ **No**

Name: **Connection:**

Position: **Country:**

Note:

With this questionnaire please scan and attach a legible certified true copy of your passport and proof of residential address* (not older than 3 months)

* Proof of address:

- 1) Recent Utility Bill (not of a mobile phone); or
- 2) Local Authority Tax Bill; or
- 3) Bank Statement from a Reputable Financial Institution; or

Reference Letter from a Respected Professional (Lawyer, Accountant)

Upon examination of the submitted information and preliminary approval, we shall forward to you via e-mail a full set of account opening documents with instructions on how to proceed with the final opening of the account.

- **First Investment Bank Ltd Cyprus Branch preserves its legal right to decline an application for legal, regulatory or any other reasons at any time without the obligation to justify its decision to decline.**