

APPLICATION FORM FOR ENTITY ACCOUNT OPENING

Branch		Account No.		CIF No.		
Purpose of Account Opening						
TYPE OF ACCOUNT						
<input type="checkbox"/> Normal Current (Tawarruq)	<input type="checkbox"/> Government Current (Tawarruq)	<input type="checkbox"/> Government Current (Qard)				
<input type="checkbox"/> One Reach Current (Tawarruq)	<input type="checkbox"/> One Reach Current (Qard)	<input type="checkbox"/> Fixed Term Account (Tawarruq)				
<input type="checkbox"/> MuSS Current (Tawarruq)	<input type="checkbox"/> Collection Current (Qard)	<input type="checkbox"/> Muamalat Gold-i (Physical)				
<input type="checkbox"/> Muamalat Gold-i (Account)	<input type="checkbox"/> Others _____					
PARTICULAR OF ENTITY CUSTOMER ONLY						
Registered Name			Registration Number			
Country of Incorporation			Registration Date / Date of incorporation			
			Website			
Principal Activity / Business Type			Telephone Number			
No of Employee			Annual Gross Turnover			
Registered Address	Postcode		Business Operation Address	Postcode		
	State			State		
Type of Business	<input type="checkbox"/> Sole-Proprietor		<input type="checkbox"/> Co-operative			
	<input type="checkbox"/> Partnership		<input type="checkbox"/> Professional			
	<input type="checkbox"/> Private Limited Company		<input type="checkbox"/> Association			
	<input type="checkbox"/> Public Limited Company		<input type="checkbox"/> Society			
	<input type="checkbox"/> Government or Statutory Body		<input type="checkbox"/> Others _____			
Nature of Business						
Account Conduct	<input type="checkbox"/> Solely	<input type="checkbox"/> All	<input type="checkbox"/> As per Resolution Dated _____	<input type="checkbox"/> Others _____		
POLITICALLY EXPOSED CORPORATION DECLARATION						
The entity is owned by Politically Exposed Person (PEP) or their Relatives and Close Associates (RCA) by more than 25% and/or the PEP/RCA exercises control or influence towards the entity <input type="checkbox"/> Yes <input type="checkbox"/> No						
Kindly complete below information, if you tick "Yes"						
Occupation			Relationship			
Position Held			Period From			
(*) PARTICULAR OF PROPRIETOR, PARTNER, DIRECTORS, COMMITTEE MEMBERS OR OTHERS						
1	Individual Full Name		MyKad or Passport No.			
	Authorised Signatory		<input type="checkbox"/> Yes <input type="checkbox"/> No	CIF No.		
	Director		<input type="checkbox"/> Yes <input type="checkbox"/> No	Bumiputra	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Citizenship		Race			
	Mailing Address		Gender			
			Date of Birth			
			Postcode		Telephone No (HP)	
		State	Email			
2	Individual Full Name		MyKad or Passport No.			
	Authorised Signatory		<input type="checkbox"/> Yes <input type="checkbox"/> No	CIF No.		
	Director		<input type="checkbox"/> Yes <input type="checkbox"/> No	Bumiputra	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Citizenship		Race			
	Mailing Address		Gender			
			Date of Birth			
			Postcode		Telephone No (HP)	
		State	Email			
3	Individual Full Name		MyKad or Passport No.			
	Authorised Signatory		<input type="checkbox"/> Yes <input type="checkbox"/> No	CIF No.		
	Director		<input type="checkbox"/> Yes <input type="checkbox"/> No	Bumiputra	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Citizenship		Race			
	Mailing Address		Gender			
			Date of Birth			
			Postcode		Telephone No (HP)	
		State	Email			

4	Individual Full Name		MyKad or Passport No.	
	Authorised Signatory <input type="checkbox"/> Yes <input type="checkbox"/> No		CIF No.	
	Director <input type="checkbox"/> Yes <input type="checkbox"/> No		Bumiputra	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Citizenship		Race	
	Mailing Address		Gender	
			Date of Birth	
Postcode			Telephone No (HP)	
State		Email		

5	Individual Full Name		MyKad or Passport No.	
	Authorised Signatory <input type="checkbox"/> Yes <input type="checkbox"/> No		CIF No.	
	Director <input type="checkbox"/> Yes <input type="checkbox"/> No		Bumiputra	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Citizenship		Race	
	Mailing Address		Gender	
			Date of Birth	
Postcode			Telephone No (HP)	
State		Email		

***Please fill in additional form if required**

FATCA/CRS DECLARATION FOR ENTITY

1. Are you ONLY a Malaysian tax resident? Yes No *(please complete Part 1 (B) Appendix II)*

2. The Entity is incorporated, established, constituted or organized int the United States of America

Yes. Please complete and submit U.S. IRS Form W9 (<https://www.irs.gov/pub/irs-pdf/fw9.pdf>) and proceed to Part 2B for Financial Institution OR Part 3 for Non-Financial Entity *(please complete Appendix II)*

No. 1. Financial Institution (FI) *(please complete Appendix II)*

2. Non-Financial Entity (NFE) *(please complete following list below)*

Non-Financial Entity (NFE) – please choose one only from the following list

1	<input type="checkbox"/> Active Business	Active NFFE / Active NFE
2	<input type="checkbox"/> Start Up Company	Active NFFE / Active NFE
3	<input type="checkbox"/> Charity/Non-Profit Organisation	Active NFFE / Active NFE
4	<input type="checkbox"/> Non-financial entity in liquidation or emerging from bankruptcy	Active NFFE / Active NFE
5	Publicly Listed Company or its Related Entity <input type="checkbox"/> a. The stock of the NFE/NFFE is regularly traded on an established securities market, b. The name of the securities exchange upon which the stock is regularly traded is _____. <input type="checkbox"/> a. The NFE/NFFE is a Related Entity of an Entity the stock of which is regularly traded on an established securities market. b. The name of the related entity, the stock of which is regularly traded on an established securities market, is _____ And c. The name of the securities market on which the stock is regularly traded is _____.	Active NFFE / Active NFE
6	<input type="checkbox"/> Holding NFEs that are members of a nonfinancial group <input type="checkbox"/> Treasury Centres that are members of a nonfinancial group	Active NFFE / Active NFE
7	<input type="checkbox"/> Exempt Beneficial Owners	Active NFFE / Active NFE
8	<input type="checkbox"/> Passive NFFE / NFE a. Entity which does not fulfill any of the Active NFFE / NFE classifications in Part 3, Items 1-7 above. <i>(Please complete FATCA/CRS Controlling Person Self Declaration Form if ticking this box) (Appendix III)</i>	Passive NFFE / Passive NFE

TAX AND FATCA DECLARATION

Tax and FATCA declaration:

- I/We represent and declare that the information provided above is true, accurate and complete. I/We understand that the term "U.S. person" means any citizen or resident of the United States.
- I/We certify that I/We are authorised to sign for the Account Holder in respect of all the account(s) to which this form relates.
- I/We hereby consent to Bank Muamalat Malaysia Berhad or any of its affiliates, including branches (collectively "the Bank") disclosing the financial accounts information to regulatory authorities in accordance with the requirements of the Foreign Account Tax Compliance Act and Common Reporting Standard as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
- I/We hereby agree that the Bank may withhold from my/our account(s) such amounts in accordance with the provisions of the Foreign Account Tax Compliance Act or as may be stipulated by applicable laws, regulations, agreement or regulatory guidelines or directives.
- I/We hereby agree that the Bank may classify me/us as a reportable account(s) or non-participating foreign financial institution ("NPFPI") and/or suspend, recall or terminate my/our account(s) and/or facilities granted to me/us, in the event I/We fail to provide accurate and complete information and/or documentation as the Bank may require.
- I/We undertake to notify the Bank in writing within 30 calendar days if there is a change in any information which affects the tax residency status of the Account Holder identified in this form or causes the information contained herein to become incorrect or incomplete (including any changes to the information on controlling persons identified in Part 4) which I/We have provided to the Bank. I/We agree to provide an updated self-certification form, including for controlling persons (if applicable), to the Bank within 30 days of any such changes.

CHEQUE BOOK APPLICATION

Numbers of Cheque Book:	Collection at branch by account holder <input type="checkbox"/>	Collection at branch by authorized 3rd party
	Courier to account correspondence address <input type="checkbox"/>	Name : _____
		MyKad Number : _____

APPLICABLE TO TAWARRUQ FIXED TERM ACCOUNT ONLY

Principal Amount	Tenure (Day/Month)	Profit Rate (%)	Murabahah Sale Price

Mode of Deposit	<input type="checkbox"/> Cheque	<input type="checkbox"/> Debit Account			
Profit Payment Method	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-Annually	<input type="checkbox"/> Annually	<input type="checkbox"/> Upon Maturity
Credit to Account No					
Account Conduct Upon Maturity	<input type="checkbox"/> Automatic renewal of principal and profit at prevailing profit rate for the same term unless otherwise advised. For maturity payment option only		<input type="checkbox"/> Automatic renewal of principal at prevailing profit rate for the same term and profit will be paid into the abovementioned account		

PERSONAL DATA PROTECTION NOTICE (PDPA)

Please read our Personal Data Protection Notice ("Notice") before completing this form. By giving us your personal data and signing this form, you are indicating to us that you consent and agree to the terms of our Notice, the terms of this form and for the process and disclosure of data under the Personal Data Protection Act 2010. Our Notice is available on our website at <https://www.muamalat.com.my/downloads/privacy-policy/privacy-notice.pdf> and from any of our branches.

CONSENT ON CROSS SELLING

We may use your Personal Data:

- To conduct market research and surveys with the aim of improving our products and services;
- For marketing and cross selling purposes, promotional events, competitions and lucky draws including those jointly run with our current and future partners and affiliates.

Disclosure for cross selling purposes shall not be effected if it is objected by you by contacting our branch or customer service number which is stated in the Product Disclosure Sheet (PDS).

DECLARATION

- I/We request and authorise the Bank to open banking account(s) in my/our name subject to terms & conditions stated herein.
- I/We agreed to give consent to the Bank to conduct bankruptcy search at relevant bodies or companies.
- By signing below, I/we confirm that I/we received, read, check and fully understand the Terms & Conditions and Product Disclosure Sheet (which also available in Bank's website www.muamalat.com.my) governing the operation of the above-mentioned account and agreed to comply with and be bound by the said rules and by any amendments to the same which subsequently introduced and enforced from time to time.
- You may conduct credit/trade check and where applicable with CTOS at any time for as long as I/We have a trade relationship with you or where any dues remain unpaid and outstanding with you, for opening of account, account review and monitoring, Legal Recovery, Legal documentation as a result of a contract or facility granted to me, change of company information including its directors, shareholders, signatories and change of firm information including its partner, sole proprietor.
- I/We declare that I/we have read and checked all the above information, I/we also confirm that the information is correct. My/Our signature(s) below shall be the authorized signature(s) for all account(s) under my/our name.
- I/We acknowledge and aware that the opening, operation, maintenance and closing of account(s) are subject to the laws of Malaysia and to the regulations, notices and directives of BNM and any relevant authority as well as the Bank's Terms & Conditions for the operation of the account(s) herein or as hereafter amended and agree to comply with and bound by the same.
- I/We hereby acknowledge that I/we had read and agreed to be bound by the **Terms and Conditions including the applicable Shariah contracts** for the said facilities including the **Privacy Notice** and any amendments issued by BMMB from time to time as displayed on website www.muamalat.com.my
- For deposit account opening application, I/We have been informed that this product is protected by PIDM up to RM250,000 for each depositor and received a copy of Deposit Insurance System (DIS) brochure provided by PIDM.
- For investment or Gold account opening application, I/We hereby confirmed that I/We have been informed that this product is not protected by PIDM.
- For Non-Residents maintaining Ringgit Account, I/we hereby agree to be bound by the Foreign Exchange Notices when making any request to transfer and /or make payment from/to the External Account.

SIGNATURE OF APPLICANT / AUTHORIZED SIGNATORIES

Name: MyKad/Passport No:	Name: MyKad/Passport No:	Name: MyKad/Passport No:
Name: MyKad/Passport No:	Name: MyKad/Passport No:	Name: MyKad/Passport No:

FOR BANK USE ONLY

Attended By and Date	Approved By and Date	Remarks
----------------------	----------------------	---------