

Account Opening Documentation:

We seek your understanding and cooperation in furnishing the documents required for account opening and value your time and effort in doing so. We request you to provide suitable documentation as indicated below which is required by the Bank under local laws and regulations and also to comply with KYC guidelines and policy as part of the global effort to combat money laundering, terrorist financing and fraudulent activity.

NB The Trust Corporation reserves the right without notice to vary the rate of interest on deposit.

No withdrawal shall be made within thirty(30) days from the date on which the deposit was accepted.

Important Note:

- ♦ Please fill the form in CAPITAL letters and tick wherever applicable.
- ♦ Avoid any sort of alterations/cutting in the Application form.
- ♦ Produce original documents for verification against each self attested photocopy by Account Holder(s).
- ♦ Please produce separate documents to evidence proof of identity and proof of address for confirming name, date of birth and current residential address for each account holder.
- ♦ Please attach separate sheets in case the given space is insufficient.

Account Opening Requirements:

1. Completed Account Opening Application Form along with required documentation.
2. TIN Certificate

Documents to be submitted for Account Opening:

Identification Proof

- ♦ Passport
- ♦ Driving License
- ♦ Valid I.D Card

Proof of Address

- ♦ Latest utility bill in the name of the applicant(s) i.e. electricity, water or telephone bill (not older than six months)
- ♦ Cable Television Company
- ♦ Self Address envelope with visible post office stamp
- ♦ Recent Bank statement (not older than six months

Proof of Income

- ♦ Job Letter /Payslip
- ♦ Affidavit of income (self employed)
- ♦ Income Statement &/or balance sheet (Companies & Businesses

Special Instructions:

In case of joint account holder(s), acceptable documents which can be submitted as proofs for establishing relationship-

- ♦ Birth Certificate
- ♦ Marriage Certificate
- ♦ Business Registration
- ♦ Certificate of Registration

For ascertaining Minor's date of birth, acceptable documents which can be submitted-

- ♦ Birth certificate issued by Government Authority.
- ♦ Passport held in the name of the minor.

Note: 1. HIHT may request for any further specific / additional documents as may be required.

Occupation Details:

- | | | | |
|------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> Salaried | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Business | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Housewife | <input type="checkbox"/> Student | <input type="checkbox"/> Others (please specify) _____ | |

In case of Salaried (Please provide Employer details, Designation, Job Profile and Nature of Work), Job Letter

In case of Self-employed

Please mention briefly nature of professional work undertaken

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retailer / Stockist |
| <input type="checkbox"/> Finance / Investment | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Export / Import | <input type="checkbox"/> Commission Agent / Broker |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Lottery |
| <input type="checkbox"/> Trading | <input type="checkbox"/> Arms and Ammunition |
| <input type="checkbox"/> Antique Dealer | <input type="checkbox"/> Dealer in precious metals / stones |
| <input type="checkbox"/> Bar / Night Club / Casino | <input type="checkbox"/> Money exchanger |
| <input type="checkbox"/> Real Estate Agent | <input type="checkbox"/> Others (please specify) _____ |

Nature of Industry:

- | | | |
|---|---|--|
| <input type="checkbox"/> Engineering / Architectural Firm | <input type="checkbox"/> Food Products | <input type="checkbox"/> Power / Electricity |
| <input type="checkbox"/> IT Software / Hardware | <input type="checkbox"/> Gems / Jewellery | <input type="checkbox"/> Retailing |
| <input type="checkbox"/> Commodities | <input type="checkbox"/> Hotel / Restaurant | <input type="checkbox"/> Shipping |
| <input type="checkbox"/> Construction / Real Estate | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Textile |
| <input type="checkbox"/> Electronic Goods | <input type="checkbox"/> Leather | <input type="checkbox"/> Timber |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Metals | <input type="checkbox"/> Transport / Logistics |
| <input type="checkbox"/> Others (Please specify) _____ | | |

Occupation Details:

- | | | | |
|------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Salaried | <input type="checkbox"/> Self-employed | <input type="checkbox"/> Business | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Housewife | <input type="checkbox"/> Student | <input type="checkbox"/> Others (please specify) _____ | |

In case of Salaried (Please provide Employer details, Designation, Job Profile and Nature of Work)

In case of Self-employed

Please mention briefly nature of professional work undertaken

In case of Business

- | | |
|--|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Retailer / Stockist |
| <input type="checkbox"/> Finance / Investment | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Export / Import | <input type="checkbox"/> Commission Agent / Broker |
| <input type="checkbox"/> Service Provider | <input type="checkbox"/> Lottery |
| <input type="checkbox"/> Trading | <input type="checkbox"/> Arms and Ammunition |
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| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Metals | <input type="checkbox"/> Transport / Logistics |
| <input type="checkbox"/> Others (Please specify) _____ | | |

Mode of Account Operation:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Singly | <input type="checkbox"/> Power of Attorney |
| <input type="checkbox"/> Jointly | <input type="checkbox"/> Others (please specify details below under special instructions) |

Special instructions: _____

Minor Declaration (In case of Minor, Please submit copies of identification and address document for the Guardian.)

I hereby declare that the date of birth of the minor who is my _____

is ____/____/____ and I am his/her natural and lawful Guardian / Guardian appointed by court order dated ____/____/____ (copy enclosed). I shall represent the said minor in all future transactions of any description in the above account until the said minor attains majority. I, indemnify the HIHT against the claim of the above minor for any withdrawal/transactions made by me in his/her account. Upon attaining majority, I undertake to produce the minor at the HIHT along with required documents for conversion of account status from minor to major and shall not operate the account further on behalf of the minor. I understand that the HIHT may temporarily freeze operations in the account until the required formalities have been fulfilled by me/minor turned major.

Signature of Parent / Guardian _____

Date:

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Name of Parent / Guardian _____

Applicants Signature

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

Know Your Customer (KYC) Details:

| | Document submitted for Proof of Identity / Address | Document Identification No. (If any) | Place of Issue | Date of Issue | Date of Expiry |
|------------------|--|--------------------------------------|----------------|---------------|----------------|
| First Applicant | | | | | - |
| Second Applicant | | | | | - |
| Third Applicant | | | | | - |

1. Purpose of Account Opening:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Loan Repayment |
| <input type="checkbox"/> Business | <input type="checkbox"/> Savings |
| <input type="checkbox"/> Investment | <input type="checkbox"/> Others (please specify) _____ |

2. Expected Source of Funds:

- | | |
|---|--|
| <input type="checkbox"/> Salary Receipts | <input type="checkbox"/> Rental Income |
| <input type="checkbox"/> Business Income | <input type="checkbox"/> Interest / Dividend Income |
| <input type="checkbox"/> Income from Investments | <input type="checkbox"/> Inheritance |
| <input type="checkbox"/> Consultation / Professional Fees | <input type="checkbox"/> Others (please specify) _____ |
| <input type="checkbox"/> Savings | |

3. Expected Monthly Deposit of:

Initial Deposit

4. Whether existing account holder

☐ Yes ☒ No If yes, Type _____ Account Number _____

5. Whether Letter of Authority/Power of Attorney given to another person If yes, please provide

☐ Yes ☒ No

POA Number _____ POA Holder's name _____

Address _____ Identification document _____
(for confirmation of name, date of birth and address)

PEP

Are you a PEP or associated with a PEP

☐ Yes☐ NoRelationship with PEP
_____**Ultimate Beneficial Owner (UBO) Form**

1. Full Legal Name of the Customer: _____

2. Number of Ultimate Beneficial Owners: _____

3. Details of Ultimate Beneficial Owners (please submit respective identification proof):

| Name | Address |
|------|---------|
| | |
| | |
| | |
| | |
| | |

Staff Confirmation for Account Opening:-

I, _____, an employee of HIHT and

working as _____, confirm that I have met in person

Mr./ Ms. _____ of _____
(Name of Customer Company/ Firm/ Entity).

Signature of Account Officer _____ Name _____ Date _____

Recommended for Account Opening :Checked by:
OfficerApproved by (Operations):
S.I.S Manager

Accountant