



Habib Canadian Bank

A Subsidiary of Habib Bank AG Zurich



APPLICATION FOR OPENING A PERSONAL ACCOUNT

Account Number
(Branch Use Only) _____

Branch Information *(Branch Use Only)*
Branch Location *(Address)* _____

1. Account Title

If a Joint Account please use "/" as a seperater, e.g. Mr. ABC / Mrs. EDC

Account Type (e.g. Single or a Joint account.)

2. Customer Information

First Account Holder/Signatory

| | | | | |
|-------|------------|-----------|---|-------------------------------|
| Title | First Name | Last Name | Date of Birth <small>(dd/mm/yyyy)</small> | Social Insurance Number (SIN) |
| _____ | _____ | _____ | _____ | _____ |

| | | | |
|--------------|-------|--|-------------|
| Home Address | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | _____ | _____ | _____ |

| | | | |
|--|-------|--|-------------|
| Mailing Address (if different from home address) | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | _____ | _____ | _____ |

| | | | |
|---|-------|-------------|--------------------------|
| Record two pieces of identification (e.g. Driver's License, Passport.) Include one photo I.D. | | Nationality | Primary Telephone Number |
| 1. | _____ | _____ | _____ |
| 2. | _____ | Residency | E-mail address |
| | | _____ | _____ |

| | | | |
|----------------------|----------|---------------------------|---------------------------|
| Nature of Profession | Industry | Title (i.e. CEO, Manager) | Business Telephone Number |
| _____ | _____ | _____ | _____ |

| | | | | |
|--------------|-----------------|-------|--|-------------|
| Company Name | Company Address | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | _____ | _____ | _____ | _____ |

| | |
|-------------------------------------|--|
| Are you a US Citizen or a resident? | Are you a Politically Exposed Person, Head of International Organization (HIO) and / or related to a Politically Exposed Person? |
| Yes No | Yes No If Yes, provide details |

Second Account Holder/Signatory

| | | | | |
|-------|------------|-----------|---|-------------------------------|
| Title | First Name | Last Name | Date of Birth <small>(dd/mm/yyyy)</small> | Social Insurance Number (SIN) |
| _____ | _____ | _____ | _____ | _____ |

| | | | |
|--------------|-------|--|-------------|
| Home Address | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | _____ | _____ | _____ |

| | | | |
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| | | | | |
|--------------|-----------------|-------|--|-------------|
| Company Name | Company Address | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | _____ | _____ | _____ | _____ |

| | |
|-------------------------------------|--|
| Are you a US Citizen or a resident? | Are you a Politically Exposed Person, Head of International Organization (HIO) and / or related to a Politically Exposed Person? |
| Yes No | Yes No If Yes, provide details |

Third Account Holder/Signatory

| | | | | |
|-------|------------|-----------|----------------------------|-------------------------------|
| Title | First Name | Last Name | Date of Birth (dd/mm/yyyy) | Social Insurance Number (SIN) |
|-------|------------|-----------|----------------------------|-------------------------------|

| | | | |
|--------------|------|--|-------------|
| Home Address | City | Province (or Country if outside of Canada) | Postal Code |
|--------------|------|--|-------------|

| | | | |
|--|------|--|-------------|
| Mailing Address (if different from home address) | City | Province (or Country if outside of Canada) | Postal Code |
|--|------|--|-------------|

| | | | |
|---|--|-------------|--------------------------|
| Record two pieces of identification (e.g. Driver's License, Passport.) Include one photo I.D. | | Nationality | Primary Telephone Number |
| 1. | | | |
| 2. | | Residency | E-mail address |

| | | | |
|----------------------|----------|---------------------------|---------------------------|
| Nature of Profession | Industry | Title (i.e. CEO, Manager) | Business Telephone Number |
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| | |
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| Are you a US Citizen or a resident? | Are you a Politically Exposed Person, Head of International Organization (HIO) and / or related to a Politically Exposed Person? |
| Yes No | Yes No <small>If Yes, provide details</small> |

3. Request for Account(s)

Account Types (Indicate the account type and currency, using the check box for each account requested below).

- Islamic Chequing CAD Account
- Islamic Term-Deposit CAD Account

a) Request for Account Intended use of the account? _____
 If Other, provide additional details: _____

Is the account to be used on behalf of or for third party? Yes No If Yes, fill up the Third Party Determination Form.

| | | |
|---------------------------|---|--|
| Estimated Average Deposit | Frequency of Deposits (Select one which applies) | Usual Type of Deposits (Select all that apply) |
| \$ _____ | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly | <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other |

b) Accept instructions through telephone and/or Fax, e-mail? Yes No

4. Understanding Barriers to Accessibility

Please help us improve accessibility and prevent barriers for people with disabilities by checking if any of the following applies to you:

- Physical
- Mental health
- Intellectual
- Cognitive
- Sensory
- Learning
- Communication
- Other: Please specify _____

5. Certification and Consent of Account Owners & Signatories

5.1 Each of the undersigned certifies that he and/or she is/are the account holders/signatories of the account s and that the information contained in this Personal Account Application and Agreement is complete and accurate in all respects. Each of the undersigned acknowledges and consents to the following:

Habib Canadian Bank (HCB) may collect Information (as defined below and the Privacy Notice) during the course of your relationship with HCB from credit bureaus, other financial institutions, and references you provide. HCB may also disclose Information to credit bureaus and financial institutions. (The word "Information" means financial and financially-related information about you, in a business or personal capacity, including information to identify you or qualify you and/or the Business for products and services, or information that HCB needs for regulatory requirements.) HCB may use Information to identify you, protect you and HCB both from fraud and error, understand your needs and eligibility for services, recommend particular products and services to meet your needs, provide ongoing service, and comply with legal and regulatory requirements. This is explained in the HCB privacy notice, (*included with your account opening package*), also available at any branch or www.habibcanadian.com, which describes how the Habib Canadian Bank collects, uses, discloses, and retains information about you and the products and services you use.

Specific Consents

Direct Marketing. HCB may tell you about products and services through direct mail, telephone, and other direct means.

Disclosure within the Habib Bank AG Zurich (HBZ) Group. HCB may share Information within the Bank or the Group so that HCB may tell you about products and services.

Accessing credit bureaus information during the course of your relationship with HCB

If you don't wish to consent to the above you can contact HCB at 905-276-5300 at any time. You will not be refused credit or other services just because you withdraw your consent.

5.2 In consideration of Habib Canadian Bank ("HCB") dealing or continuing to deal with you in connection with your banking business with HCB, you agree with HCB as set out in this Agreement.

You acknowledge receipt of and having read and understood the Account Opening Package (SIRAT Personal Deposit Account Agreement, Privacy Notice, HCB Online Banking Terms of Use, if applicable, and the Complaint Handling Procedure and Brochure) and you agree to be bound by all terms and conditions set out in these agreements and any amendments to or replacements of such agreements made by HCB from time to time. You also acknowledge having received a copy of the Personal Account Schedule of Charges and having read and understood it, and you agree to be bound by the terms of such schedule and any changes to or replacements of it made by HCB from time to time.

For Quebec residents only. It is the express wish of the parties that this document and any related documents be drawn up in English. Les parties aux présentes ont expressément demandé que document et tous les documents s'y rattachant soient rédigés en anglais.

5.3 E-Banking WEB Login

| | | | |
|---|-----|-----|----|
| Would you like to register for HCB E-Banking Web login? | Yes | No | |
| Would you like to opt-in for e-Statements rather than paper statements? | | Yes | No |
| Would you like to opt-in for SMS notifications? | Yes | No | |

6. Declaration of Tax Compliance

I confirm that all the assets deposited with the Bank under the above indicated banking relationship are fully declared and subject to regular income/wealth taxation in accordance with the relevant tax regulations and that any and all transactions, in which the Bank is to provide banking services, are effected for legitimate reasons and do not form or intend to form part of a scheme or an arrangement for which the main purpose, or one of the purposes, is the illegal avoidance of tax liability in the relevant tax jurisdiction(s).

APPLICATION FOR OPENING A PERSONAL ACCOUNT

First Name _____ **Last Name** _____ **Title (if applicable)** _____

_____ **X** _____
Date **Signature of Authorized Signing Authority**

First Name _____ **Last Name** _____ **Title (if applicable)** _____

_____ **X** _____
Date **Signature of Authorized Signing Authority**

First Name _____ **Last Name** _____ **Title (if applicable)** _____

_____ **X** _____
Date **Signature of Authorized Signing Authority**

Authorized Branch Officer

First Name _____ **Last Name** _____

_____ **X** _____
Date **Branch Authorized Signature**



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Account Number
(Branch Use Only) _____

Branch Information (Branch Use Only)
Branch Location (Address) _____

A. Customer Information

First Account Holder/Signatory

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|---|--|---------------------------|--|-------------------------------|
| Title | First Name | Last Name | Date of Birth (dd/mm/yyyy) | Social Insurance Number (SIN) |
| _____ | _____ | _____ | _____ | _____ |
| Home Address | | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | | _____ | _____ | _____ |
| Mailing Address (if different from home address) | | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | | _____ | _____ | _____ |
| Record two pieces of identification (e.g. Driver's License, Passport.) Include one photo I.D. | | | Nationality | Primary Telephone Number |
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | Residency | E-mail address |
| _____ | _____ | _____ | _____ | _____ |
| Nature of Profession | Industry | Title (i.e. CEO, Manager) | Business Telephone Number | |
| _____ | _____ | _____ | _____ | |
| Company Name | Company Address | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | _____ | _____ | _____ | _____ |
| Are you a US Citizen or a resident? | Are you a Politically Exposed Person, Head of International Organization (HIO) and / or related to a Politically Exposed Person? | | | |
| Yes No | Yes No If Yes, provide details | | | |

Second Account Holder/Signatory

| | | | | |
|---|--|---------------------------|--|-------------------------------|
| Title | First Name | Last Name | Date of Birth (dd/mm/yyyy) | Social Insurance Number (SIN) |
| _____ | _____ | _____ | _____ | _____ |
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| Mailing Address (if different from home address) | | City | Province (or Country if outside of Canada) | Postal Code |
| _____ | | _____ | _____ | _____ |
| Record two pieces of identification (e.g. Driver's License, Passport.) Include one photo I.D. | | | Nationality | Primary Telephone Number |
| 1. | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | Residency | E-mail address |
| _____ | _____ | _____ | _____ | _____ |
| Nature of Profession | Industry | Title (i.e. CEO, Manager) | Business Telephone Number | |
| _____ | _____ | _____ | _____ | |
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| _____ | _____ | _____ | _____ | _____ |
| Are you a US Citizen or a resident? | Are you a Politically Exposed Person, Head of International Organization (HIO) and / or related to a Politically Exposed Person? | | | |
| Yes No | Yes No If Yes, provide details | | | |

Please use this form when completing information for additional signatories. Once completed attach it with the original application form.