

Date

Branch

**FOR OFFICE USE**

Account Number

Customer Name/Account Title

**1. ACCOUNT TITLE**

Account Title

Account Type  Single  Joint  Senior (Single)  Senior (Joint)  Student

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

**2. CUSTOMER INFORMATION**

**First Account Holder/Signatory:**

Name: First Name  Last Name

Date of Birth  Social Insurance Number (SIN)

Home Address

City  Province\*  Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

Identification Document Type	Number	Issuance Date	Expiry Date
<input type="text"/>	<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>
<input type="text"/>	<input type="text"/>	<input type="text" value="dd/mm/yyyy"/>	<input type="text" value="dd/mm/yyyy"/>

Nationality  Residency

Primary Telephone No.  Email Address

Nature of Profession  Industry

Title (i.e. CEO, Manager)  Business Telephone

Company Name

Company Address

City  Province\*  Postal Code

Are you a U.S. Citizen or a resident?  Yes  No

Are you a Politically Exposed Person, Head of International Organization (HIO) and/or related to a Politically Exposed Person?  Yes  No

If 'Yes', provide details

**Second Account Holder/Signatory:**

Name: First Name  Last Name

Date of Birth  Social Insurance Number (SIN)

Home Address

City  Province\*  Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

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Are you a Politically Exposed Person, Head of International Organization (HIO) and/or related to a Politically Exposed Person?  Yes  No

If 'Yes', provide details

\* or Country if outside of Canada

## 2. CUSTOMER INFORMATION (...continued)

Third Account Holder/Signatory:

Name: First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Date of Birth  Social Insurance Number (SIN)   
Home Address \_\_\_\_\_  
City \_\_\_\_\_ Province\* \_\_\_\_\_ Postal Code

Record two pieces of identification (e.g. Driver's License, Passport). Include one photo I.D.

Identification Document Type	Number	Issuance Date	Expiry Date
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		dd/mm/yyyy	dd/mm/yyyy

Nationality \_\_\_\_\_ Residency \_\_\_\_\_  
Primary Telephone No.  Email Address \_\_\_\_\_  
Nature of Profession \_\_\_\_\_ Industry \_\_\_\_\_  
Title (i.e. CEO, Manager) \_\_\_\_\_ Business Telephone   
Company Name \_\_\_\_\_  
Company Address \_\_\_\_\_  
City \_\_\_\_\_ Province\* \_\_\_\_\_ Postal Code   
Are you a U.S. Citizen or a resident?  Yes  No  
Are you a Politically Exposed Person, Head of International Organization (HIO) and/or related to a Politically Exposed Person?  Yes  No  
If 'Yes', provide details \_\_\_\_\_

\* or Country if outside of Canada

## 3. REQUEST FOR ACCOUNT(S)

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

- Sirat Personal Chequing CAD Account  Sirat Term Deposit CAD Account  
 Sirat Personal Chequing USD Account  Sirat Term Deposit USD 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  Frequent of deposits (select one which applies)  Daily  Weekly  Monthly  
Usual type of deposits (select all that applicable)  Cash  Cheque  Other \_\_\_\_\_  
b) Accept instructions through telephone and/or fax, email?  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  Communication  Learning  
 Other, please specify \_\_\_\_\_

## 5. CERTIFICATION & CONSENT

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](http://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.



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Customer Name/Account Title

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Nationality \_\_\_\_\_ Residency \_\_\_\_\_

Primary Telephone No.  Email Address \_\_\_\_\_

Nature of Profession \_\_\_\_\_ Industry \_\_\_\_\_

Title (i.e. CEO, Manager) \_\_\_\_\_ Business Telephone

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ Province\* \_\_\_\_\_ Postal Code

Are you a US Citizen or a resident?  Yes  No

Are you a Politically Exposed Person, Head of International Organization (HIO) and/or related to a Politically Exposed Person?  Yes  No

If 'Yes', provide details \_\_\_\_\_

**Second Account Holder/Signatory:**

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Date of Birth  Social Insurance Number (SIN)

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If 'Yes', provide details \_\_\_\_\_

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