

Income and Banking Form

Full legal name of individual or entity			
Account number			
PURPOSE FOR BANKING SERVICES (selec	rt one or more)		
Borrowing in-country	_	rade arrangements	
Business	☐ Investing in-country		
Employer sponsored	Related to local entity		
Family	Migrant		
Personal	Student		
☐ Holiday travel			
Humanitarian work	_ other (speeliy) .		
TYPES OF EXPECTED CUSTOMER ACTIVIT	Y (select one or m	ore)	
☐ International Transfer In/Out	☐ Cheque withdrawals		
Cash deposit	☐ Domestic Transfer In/Out		
Cash withdrawals	☐ Foreign Currency Exchange		
Cheque deposit	Other (specify)		
PRIMARY SOURCE OF INCOME/WEALTH			
Salary	☐ Inheritance		
☐ Savings or investment income	☐ Student allowance		
Dependent on family member	☐ Non-family sponsorship		
Allowance	☐ Business income		
Government payments	Other (specify) .		
EXPECTED CUSTOMER ACTIVITY PER MO	NTH		
Manatala and an area and a large and a large at a large			
Estimated frequency of non salary related deposits into the account			
Estimated value of non salary related deposits into the account			
Estimated frequency of withdrawals from the account			
PROHIBITIONS IN OPENING/MAINTAIN			
If you hold nationality or citizenship outside of * or maintaining an account in *		, are there are any prohibitions preventing you from opening	
☐ Yes ☐ No			
If yes, please clarify			
*insert country name of where account is to be held			
NON-RESIDENTS ONLY			
State purpose of account if not residing in country			
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SANCTIONS

	domiciled in and/or have business dealings in/with the following ssia, Donetsk People's Republic, Luhansk People's Republic, Kherson
☐ Yes ☐ No	
EXPECTED INTERNATIONAL TRANSFER ACTIVITIES Complete this section if you selected the 'International T ACTIVITY' section above	ransfer In/Out' activity in the 'TYPES OF EXPECTED CUSTOMER
Estimated monthly value of inward and outward transfers (spe	ecify currency(s))
Countries where transfers will be received from	
Primary country where transfers will be sent to	
What frequency do you intend to remit funds offshore?	
What frequency do you intend to receive offshore transfers?	
What is the intended purpose of transfers?	
COMPANY, TRUST, PARTNERSHIP, ASSOCIATION, OF (Please complete if not an individual) What is the purpose of your entity?	R SOLE TRADER/PROPRIETOR
Is any of the capital required to be transferred to another pers $\ $ Yes $\ $ No	son/entity within the next 12 months?
If yes, please provide the following details	
Full legal name of person	Date of birth D, D M, M Y, Y, Y, Y
Residential address	
Full legal name of entity	
Physical address of entity	
Value of capital to be transferred (including currency where ap	pplicable)
Has the entity been incorporated/registered in a jurisdiction thand/or beneficial owners to anyone?	nat prohibits the disclosure of the identity of directors, shareholders
☐ Yes ☐ No	
Are there any entities within the organisational structure that disclosure of the identity of directors, shareholders and/or ben	
☐ Yes ☐ No	
If yes, please provide details	
Are bearer shares issued?	
☐ Yes ☐ No	
If yes, please provide details of the status of the shares (i.e. a	re they registered and/or held in custody (i.e. immobilised))