

A. COMPANY DETAILS			
Company Name:			
Registration No:	Country of Registration:	Date of Registration:	
Name of Approved Professional Intermediary/ Representative (if applicable):			
B. ADDRESSES: B1. REGISTERED ADDRESS			
No & Street:	Bldg. & Apt. / Office no:		
City:	Area:		
Postal Code:	Country:		
B2. COMPANY MANAGEMENT AND HEAD OFFICE ADDRESS			
No & Street:	Bldg. & Apt. / Office no:		
City:	Area:		
Postal Code:	Country:		
Telephone:	Fax:		
Email:			
B3. PHYSICAL ADDRESS (address of the principal established business, such as the main factory or production, not P.O.BOX)			
B4. CORRESPONDENCE DETAILS			
No & Street:	Bldg. & Apt. / Office no:		
City:	Area:		
P.O. BOX:	Postal Code:	Country:	
Telephone:	Fax:		
Email 1:	Email 2:		
Contact Person:	Telephone:	Email:	
C. DIRECTORS & SECRETARY (written exactly as on passport/incorporation document)			
C1. Director Name:			PEP* (Y/N):
C2. Director Name:			PEP* (Y/N):
C3. Director Name:			PEP* (Y/N):
Secretary Name:			PEP* (Y/N):
D. SHARE CAPITAL AND REGISTERED SHAREHOLDERS			
Authorized share Capital:	Issued share Capital:	Issue Date:	
D1. Registered Shareholder Name:			PEP* (Y/N):
D2. Registered Shareholder Name:			PEP* (Y/N):
D3. Registered Shareholder Name:			PEP* (Y/N):
D4. Registered Shareholder Name:			PEP* (Y/N):
E. BENEFICIAL OWNERS (written exactly as on passport/incorporation document)			
E1. Beneficial Owner 1:	Full Name:		PEP* (Y/N):
	Full Residential Address:		
E1. Beneficial Owner 2:	Full Name:		PEP* (Y/N):
	Full Residential Address:		
E1. Beneficial Owner 3:	Full Name:		PEP* (Y/N):
	Full Residential Address:		

F. SIGNATORIES

F1: Signatory Name:	PEP* (Y/N):
F2: Signatory Name:	PEP* (Y/N):
Signatures Combination: Anyone: <input type="checkbox"/>	Jointly : <input type="checkbox"/>
Other, specify : <input type="text"/>	

G. ECONOMIC PROFILE

Main Business Activity (Please provide specific descriptions. General descriptions such as "Trading", "Investments", "Consulting" are not acceptable. For Holding companies, the names and business activities of the controlled companies are required)	
Website (mandatory if Internet-related)	
Type of Goods Traded:	
Type of Services Provided:	
Expected Annual Credit Turnover (€):	
Origin (Country/ies) of funds to be credited in own account(s):	
Destination (Country/ies) of own funds to customers or associates:	
Source of the funds to be credited in the account	

H. ACCOUNT OPENING

Purpose for opening the account(s) (e.g. sustaining main business activities or specific purposes, i.e. fixed deposits/savings, transfers, credit facilities, etc.)	
Number of incoming payments per year:	Upto €200k : <input type="text"/> Upto €750k : <input type="text"/> €750k + : <input type="text"/>
Number of outgoing payments per year:	Upto €200k : <input type="text"/> Upto €750k : <input type="text"/> €750k + : <input type="text"/>
Kinds of transactions:	Transfers: <input type="text"/> Cheques: <input type="text"/> Cash: <input type="text"/> Other(Specify): <input type="text"/>
Currencies:	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>
Frequency Of Account Statement: M-Monthly; Q-Quarterly; S/A-Semi-Annually	

I. OTHER FACILITIES

I1. IWe will need Internet Banking Facilities (Y / N):

If Yes, list details of ibank users:

ibank user 1:	Name:	<input type="text"/>	Surname:	<input type="text"/>
	Email (mandatory):	<input type="text"/>	Access level (Full/View):	<input type="text"/> Digipass (Yes/No): <input type="checkbox"/>
ibank user 2:	Name:	<input type="text"/>	Surname:	<input type="text"/>
	Email (mandatory):	<input type="text"/>	Access level (Full/View):	<input type="text"/> Digipass (Yes/No): <input type="checkbox"/>
ibank user 3:	Name:	<input type="text"/>	Surname:	<input type="text"/>
	Email (mandatory):	<input type="text"/>	Access level (Full/View):	<input type="text"/> Digipass (Yes/No): <input type="checkbox"/>

I2. IWe will need Credit Card Facilities (Y / N):

If Yes, list details of cardholders and cards required:

Cardholder 1:	Name:	<input type="text"/>	Surname:	<input type="text"/>
	Card category:	<input type="checkbox"/> Electron Cards with a Limit (If a Limit will be applied, specific documents will be prepared and a security deposit will be required for the amount of up to 2 times the limit): Classic with insurance <input type="checkbox"/> Classic without insurance <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Limit, euro: <input type="text"/>		
Cardholder 2:	Name:	<input type="text"/>	Surname:	<input type="text"/>
	Card category:	<input type="checkbox"/> Electron Cards with a Limit (If a Limit will be applied, specific documents will be prepared and a security deposit will be required for the amount of up to 2 times the limit): Classic with insurance <input type="checkbox"/> Classic without insurance <input type="checkbox"/> Gold <input type="checkbox"/> Platinum <input type="checkbox"/> Limit, euro: <input type="text"/>		

I3. IWe will need Fax Codes (Y / N):