



(Please complete in blue or black pen in block letters as appropriate)

Company: ☐ Sole Proprietor: ☐ Employed: ☐ Self-employed: ☐ Individual: ☐ Other (specify): \_\_\_\_\_

Industry sector: \_\_\_\_\_

Name: _____	Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	
Contact Name(s): _____	_____	_____	_____	
Date of Birth (individual): _____ / _____ / _____	I.D Number (individual): _____	_____	_____	_____
Next of Kin (individual): _____	E-mail: _____	_____	_____	_____
		_____	_____	_____

Physical Address: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Contact Number(s):	Telephone Number (W): _____	Telephone Number (H): _____
	E-mail Address: _____	Cell Number: _____

Name of Employer: \_\_\_\_\_ Nature of Business: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employment Status: Permanent: ☐ Contract: ☐ Self-employed: ☐ Other (specify): \_\_\_\_\_

We contract to invest:		\$	Tenor:	30Days	<input type="checkbox"/>	60 Days	<input type="checkbox"/>	90 Days	<input type="checkbox"/>
Investment Account(s):	<b>Bank</b>		<b>Branch</b>			<b>Account Number</b>			
	1.								
	2.								
	3.								

**Settlement Instruction:**

**Account Number:**      Re-invest      Please Call Me      Other (specify)

(If client does not get in touch with the Bank dealers on or before maturity date, the maturity will be rolled over at the day's prevailing rates.)

Name	I.D Number	Signature
1		
2		
3		
4		

Signing Arrangements: \_\_\_\_\_ Date:        /        /20

i) Completed Investment Account Opening form. ii) Proof of residence by applicant. iii) Copy of national identity particulars.

iv) Completed Treasury Operations Customer Indemnity (attached). v) 1 passport photo.

i) Completed Investment Account Opening form.	ii) Current tax clearance certificate.	iii) Proof of residence for each director.	iv) 1 passport photo for each director.
v) Company documents (Memorandum of Association, Articles of Association, Certificate of Incorporation, Board Resolution).	vi) Forms CR14 and CR6.		
vii) Completed Treasury Operations Customer Indemnity (attached).	viii) Copy of national identity particulars for each director.		ix) Signature card (corporates)

i. FBC Bank RTGS Settlement Details:

Account Name: **FBC Bank Treasury**

Account Number: 2E+06

**Telegraphic Transfers:**

Account Name: **FBC Bank**

Bank Name:

**Standard Chartered New York**

026002561

Account Number: 3582-059991-001

SCBLUS33

Sort Code:

ii. If client does not get in touch with the Bank dealers on or before maturity date, the maturity will be rolled over at the day's prevailing rates.

iii. Kindly attach copy I.Ds, this is applicable to clients that do not have a savings account with FBC Bank.

**iv. Please note early termination before maturity date attracts a penalty reduction of 50% on the quoted rate.**

*v. For terminations before seven days, no interest will be paid. On maturity funds will be paid to settlement account on investment mandate.*

I/We hereby declare that the above information is true and correct and agree with the stated Terms & Conditions stipulated on this form.

Date:        /        /20

Date:        /        /20

(signature)

FBC Bank Official: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Date:        /        / 20