

Account Opening Form - Business

Form AOB-092018

Select one of the following:

- | | | |
|----------------------------|-----------------------------|---|
| Limited Liability Company | Partnerships | Unincorporated Associations (Clubs/Societies) |
| Registered Associations | Sole Traders | Charities |
| Other (please state) _____ | Statutory Bodies/Government | |

ACCOUNT INFORMATION			
ACCOUNT 1	Name of Account:		UCIN (For Official Use Only)
	Mailing Address (if different from registered address):		Client Number
	Select one of the following Account Types: Smart Business Current Account Certificate of Deposit JMMB Advantage (Certificate of Deposit – Interest paid in advance) Foreign "A" Account (available only for non-residents)		
	Currency JAD USD CAD GBP Euro		Please tick only ONE of the following for statement mailing instructions: <input type="checkbox"/> Online <input type="checkbox"/> Regular Mail <input type="checkbox"/> Email (<i>not available to current account clients with cheques</i>)
	Cheque Books Required: 200 400 600 Details on Cheque Leaves: Address Mailing Address No Address Telephone Number (kindly specify):		
	Internet Banking Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No	Debit Card Required: (For SME clients where signing mandate is one to sign) <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Limit (if different from default limit of ABM \$30,000 and POS \$50,000)
	Purpose of Account:		Source of Funding:
	Expected Monthly Deposits:		Expected Monthly Withdrawals:
	Account Number (for Official Use Only):		
	ACCOUNT 2	Name of Account:	
Mailing Address (if different from registered address):		Client Number	
Select One of the Following Account Type: Smart Business Current Account Certificate of Deposit JMMB Advantage (Certificate of Deposit – Interest paid up front) Foreign "A" Account (available only for non-residents)			
Currency JAD USD CAD GBP Euro		Please tick only ONE of the following for statement mailing instructions: <input type="checkbox"/> Online <input type="checkbox"/> Regular Mail <input type="checkbox"/> Email (<i>not available to current account clients with cheques</i>)	
Cheque Books Required: 200 400 600 Details on Cheque Leaves: Address Mailing Address No Address Telephone Number (<i>kindly specify</i>):			
Internet Banking Access Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		Debit Card Required: (<i>For SME clients where signing mandate is one to sign</i>) <input type="checkbox"/> Yes <input type="checkbox"/> No	Daily Limit (if different from default limit of ABM \$30,000 and POS \$50,000)
Purpose of Account:		Source of Funding:	
Expected Monthly Deposits:		Expected Monthly Withdrawals:	
Account Number (for Official Use Only):			

ACCOUNT INFORMATION

ACCOUNT 3	Name of Account:		UCIN (For Official Use Only)	
	Mailing Address (if different from registered address):		Client Number	
	Select one of the following Account Types: Smart Business (<i>Current Account</i>) Certificate of Deposit JMMB Advantage (<i>Certificate of Deposit – Interest paid up front</i>) Foreign "A" Account (<i>available only for non-residents</i>)			
	Currency JAD USD CAD GBP Euro		Please tick only ONE of the following for statement mailing instructions: Online Regular Mail Email (<i>not available to current account clients with cheques</i>)	
	Cheque Books Required: 200 400 600 Details on Cheque Leaves: Address Mailing Address No Address Telephone Number (<i>kindly specify</i>)			
	Internet Banking Access Required: Yes No		Debit Card Required: (For SME clients where signing mandate is one to sign) Yes No	Daily Limit (if different from default limit of ABM \$30,000 and POS \$50,000)
	Purpose of Account:		Source of Funding:	
	Expected Monthly Deposits:		Expected Monthly Withdrawals:	
	Account Number (for Official Use Only):			

SPECIMEN SIGNATURES

Signing Authority: Any One to Sign Any Two to Sign Other (Specify)

Name of Account: _____

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A B

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A B

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A B

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: A B

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: <input type="checkbox"/> A <input type="checkbox"/> B

SIGNATURE MUST FIT WITHIN THE SIGNATURE BOX

Name of Signee:
Job Title:
Signing Limitations:
Signer's Designation: <input type="checkbox"/> A <input type="checkbox"/> B

Documents will be examined to confirm or determine the persons authorized to sign on behalf of the company/entity.

FOR USE BY COMPANIES

Director's Signature

Secretary's Signature
Date (dd/mm/yyyy): _____

FOR PARTNERSHIP/ASSOCIATIONS/CLUBS/ UNINCORPORATED ENTITIES

Authorised Signer

Authorised Signer
Date (dd/mm/yyyy): _____

For Branch use only	Input/Relationship Officer:	Signature:	Date (dd/mm/yyyy):
	Input by:	Signature:	Date (dd/mm/yyyy):
For Branch Support Unit	Scanning Officer:	Signature:	Date (dd/mm/yyyy):
	Approving Officer:	Signature:	Date (dd/mm/yyyy):