

Please indicate below the account(s) you would like to open. Please complete in **BLOCK LETTERS** and '✓' or 'x' where applicable

FOR BANK USE ONLY

Date Account Opened: / /

Relationship No. :

Master No.:

New Existing

APPLICANT'S PARTICULARS

Name (Insert FULL legal name exactly as it appears in the constitutional documents):

ACCOUNT DETAILS **FOR BANK USE ONLY**

Current	Account Name: _____ <input type="checkbox"/> GHS <input type="checkbox"/> Others: (Please specify) _____ Initial Deposit: _____	Account No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Product Code: _____ Interest Code: _____ GL Department ID: _____ Fund Ownership: _____

Savings	Account Name: _____ <input type="checkbox"/> GHS <input type="checkbox"/> Others: (Please specify) _____ Initial Deposit: _____	Account No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Product Code: _____ Interest Code: _____ GL Department ID: _____ Fund Ownership: _____

Call	Account Name: _____ <input type="checkbox"/> GHS <input type="checkbox"/> Others: (Please specify) _____ Initial Deposit: _____	Account No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Product Code: _____ Interest Code: _____ GL Department ID: _____ Fund Ownership: _____

Others: (Please specify)	Account Name: _____ <input type="checkbox"/> GHS <input type="checkbox"/> Others: (Please specify) _____ Initial Deposit: _____	Account No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Product Code: _____ Interest Code: _____ GL Department ID: _____ Fund Ownership: _____

Fixed Deposit	<input type="checkbox"/> GHS <input type="checkbox"/> Others: (Please specify) _____ Initial Deposit: _____ <input type="checkbox"/> By Cash Deposit <input type="checkbox"/> By Cheque No.: _____ On Bank: _____ <input type="checkbox"/> Transfer from Account No.: _____ Currency Account Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Deal No.: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		Interest Rate: <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> % Effective Date: <input type="text" value="D"/> <input type="text" value="D"/> / <input type="text" value="M"/> <input type="text" value="M"/> / <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
		Deal Type: _____ GL Department ID: _____ Fund Ownership: _____

Tenor: 30 days 60 days 90 days 120 days 180 days 240 days 360 days Others: (Please specify) _____

Upon the maturity date, the principal to be: Interest to be:

Auto roll over Auto roll over Pay on maturity Others: (Please specify) _____

Credit to SCB Account No.: _____ Credit to SCB Account No.: _____

Currency Account Number -

Others: (Please specify) _____ Others: (Please specify) _____

* The Fixed Deposit will be automatically rolled over for a similar period on maturity at prevailing rate, unless written instructions are received to the contrary.

Please indicate below the account(s) you would like to open. Please complete in **BLOCK LETTERS** and '/' or 'x' where applicable

OTHER ACCOUNT INFORMATION

Reason and purpose for opening account at Standard Chartered Bank.

Investment
 Loan Repayment
 Payroll
 Overdraft Facility
 Others: (Please specify) _____

ACCOUNT STATEMENT

Account Statement is to be sent **monthly** and commencing date to be arranged by the Bank, unless specified below:

Other Frequency:
 Daily
 Weekly
 Quarterly
 Others: (Please specify) _____
 Delivery Channel:
 Mail
 E-mail*
 Fax*
 Internet (WebBank)*
 Hold Mail
 Others: (Please specify) _____

* subject to additional terms and conditions

Monthly Consolidated Statement to be delivered:
 Yes
 No

DECLARATION

I/ We declare that I/ we will continue to be bound by the General Account Terms set up in the initial account opening documentation and any amendments thereon.

X

Authorised Signatory
 Name: _____
 Designation: _____
 Date: / /

X

Authorised Signatory
 Name: _____
 Designation: _____
 Date: / /

X

Authorised Signatory
 Name: _____
 Designation: _____
 Date: / /

X

Authorised Signatory
 Name: _____
 Designation: _____
 Date: / /

FOR BANK USE ONLY

Verified by (ARM Name): _____ Signature: _____ Peoplewise ID: _____

Static Data Input By: _____ Validated By: _____