



FBN Bank (UK) Ltd. 28 Finsbury Circus, London EC2M 7DT
Telephone: +44 (0)20 7920 4920 Fax: +44 (0)20 7920 4970 www.fbnbank.co.uk

Application to open a Private / Individual Joint Bank Account

Application to Open a Private Individual/Joint Bank Account

Please read this form carefully and complete all sections, ensuring you sign and date the application on page 4. Should you have any questions, a member of staff will be pleased to help you.

Personal Details (Please complete in **BLOCK CAPITALS** and tick where necessary)

Title	Surname:	Sex: (delete as applicable) Male / Female
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Forenames:

Date of Birth:	D	D	M	M	Y	Y	Y	Y	Nationality:
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Services Required

Account	Current	<input type="checkbox"/>	*Instant Savings	<input type="checkbox"/>	*Notice	<input type="checkbox"/>	
* Internet Banking	Yes	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Please specify {	30 days	<input type="checkbox"/>
** Cheque Book	Yes	<input type="checkbox"/>				60 days	<input type="checkbox"/>
*** ATM	Yes	<input type="checkbox"/>				90 days	<input type="checkbox"/>

* Further terms and conditions apply
 ** Subject to approval
 *** Charges may apply

*Minimum balances apply

Currency (Pounds, US Dollars, Euros)

Residential address (P.O. Box numbers are **NOT** acceptable):

Full address (to be used for correspondence if different from above):

Home telephone no:	Mobile telephone no:
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e-mail address:	Fax no:
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Marital status:
(Single, Married, Divorced etc.)

Previous address if less than 3 years at current address:

Residential Details:

Owned outright	<input type="checkbox"/>	Owned mortgage	<input type="checkbox"/>
Rented	<input type="checkbox"/>	Living with parents	<input type="checkbox"/>

Other (Provide details)

Value of property (if owned): £	Outstanding mortgage: £
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Mother's maiden name:

Employment Details

Employed : Full time Part time Unemployed Student Retired

 Homemaker Self employed

If self employed state nature of business:

Occupation and job title:

Employers name and address (or business address if self employed):

Work telephone no:

Date you joined employer or started in business:

Salary/pension before tax etc: **£** per annum

Bonus/overtime/other income: **£** per annum

Total gross income: **£** per annum

How is salary paid? Direct to bank Cheque Cash

Frequency? Weekly Monthly Other(Provide details)

Details of other funds expected to pass over this account:

Anticipated annual turnover: (Turnover is defined as aggregate value of credits to the account)

£

Anticipated number of transactions per month:

Anticipated maximum amount per transaction:

£

Name and address of personal bankers (to whom the Bank may apply for a reference):

Why did you choose FBN Bank (UK) Ltd., London to open an account with?

Other information:

Second Applicant Joint Bank Account Only

Please read this form carefully and complete all sections. Should you have any questions a member of staff will be pleased to help you.

Personal Details (Please complete in **BLOCK CAPITALS** and tick where necessary)

Title	Surname:	Sex: (delete as applicable) Male / Female
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Forenames:

Date of Birth:	D	D	M	M	Y	Y	Y	Y	Nationality:
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Residential address (if different to first applicant's information):

Full address (if different to first applicant's information):

Home telephone no:	Mobile telephone no:
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e-mail address:	Fax no:
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Marital status: (Single, Married, Divorced etc.)	Number of children under 18:
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Give previous address if less than 3 years at current address:

Residential Details (if different to first applicant's information)

Owned outright Owned mortgage Rented
Living with parents Other

Value of property (if owned): £	Outstanding mortgage: £
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Mother's maiden name:

Employment Details:

Employed : Full time Part time Unemployed Student Retired
Homemaker Self employed

If self employed state nature of business:
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Occupation and job title:

Employers name and address (or business address if self employed):

Work telephone no:	Date you joined employer or started in business:
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Salary/pension before tax etc: £	per annum	Bonus/overtime/other income: £	per annum
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Total gross income: £	per annum
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How is salary paid? Direct to bank Cheque Cash

Frequency? Weekly Monthly Other

Name and address of personal bankers (to whom the Bank may apply for a reference):

Other information:

Acceptance (to be completed in all cases)

a. If you do not want us to use your personal and financial information (your "information") for the purpose specified in paragraph (a) of section 5 of the attached terms and conditions (the "Terms and Conditions") and do not wish to receive marketing material from us then please mark the box below with a cross.

If you decide at a later stage that you do not want us to use your information for this purpose then please contact us in writing.

b. If you do not want us to share your information with the types of companies detailed in paragraph (b) of section 5 of the Terms and Conditions for the purpose specified in that paragraph, then please mark the box below with a cross.

If you decide at a later stage that you do not want us to share your information with such companies for this purpose then please contact us in writing.

c. If you do not want us to share your information with the types of overseas companies detailed in paragraph (c) of section 5 of the Terms and Conditions for the purpose specified in that paragraph, then please mark the box below with a cross.

If you decide at a later stage that you do not want us to share your information with such overseas companies for this purpose then please contact us in writing.

By signing below I/we are applying to FBN Bank (UK) Ltd., 28 Finsbury Circus, London EC2M 7DT for banking services. I/We confirm that all details supplied above are true and complete. Should any of the details change in the future e.g. address, employment, etc. I/we shall inform you promptly.

I/We request that you open an account for me/us and until I/we inform you otherwise in writing I/we authorise you to:

- pay any cheques or to accept any instructions, to debit the account for cash or payment to a third party, where signed in accordance with the mandate forms completed by us.
- comply with any instructions which record, amend and /or query personal details (including contact details)
- accept instructions relating to safe custody items, security instruments etc.

I/We agree that I/we accept liability on the account and under the mandate.

I/we confirm that I/we have read, understood and agree to abide by the terms and conditions for the operation of this account.

I/We request that you open an account with the details specified above and I/we hereby supply you with identification and address verification documents satisfactory to you and in accordance with UK Money Laundering Regulations.

1st Applicant

2nd Applicant (if applicable)

Signature/s

Date

If you are opening a joint account with another person or other persons, we will ask for a specimen signature from all of you.

We will (unless instructed otherwise) accept instructions authorising account withdrawals or other action on the account signed by any one of you (or the survivor of you if one account holder dies).