

Non Resident Account Form

Date of Application :

Date of Account Opening :

Account No.:

Account Opening Obligations

1. Completed account opening form
2. Complete list of scanned credentials to FEEB Online Service Manager's email
3. Availability of initial deposit for account funding process

Important Note

- Fill the form in **CAPITAL** letters and tick where **APPLICABLE** then **LEAVE** where is **OPTIONAL** to you
- Sign in **BLACK** or **BLUE** ink only
- Each page to be signed by atleast 1 authorised signatory with Entity stamp
- Authenticate any overwriting/cancellations with full signatures
- The minimum initial deposit required to startup a Non Resident Business Account is €15,000 EUR.
- The minimum initial deposit will reflect back on customers account once opened.
- Provide separate proof of identity wherever former or other name is mentioned
- Please provide respective **proof of address** for all addresses and **proof of identity** for all individuals and Entity as mentioned in the form
- In case space for providing information about Authorised Signatories, Directors, Partners, Office Bearers, Principal Shareholders and Beneficial Owners is not sufficient than please either use the additional sheet available on FEEB's website or use photocopy of the respective page from Account Opening Form
- Please refer to www.feebbank.com for approved list of proof of identity (PI) and proof of address (PA) for individuals and legal entity
- The First East Export Offshore Bank Labuan (FEEB) shall publish the guidelines, Account Rules, Terms and Conditions (and the amendments/supplements thereto) which are applicable to the Current Account on its website www.feebbank.com. All the details mentioned, the declarations, the relevant Annexure mentioned in this Account Opening Form, along with all the guidelines, Terms and Conditions that may be formulated and established/specified by FEEB from time to time (including amendments/supplements), shall together govern the Current Account
- FEEB hereby reserves the right to decline the Account Opening Form without assigning any reason for the same

Account to be opened at _____ Branch. Branch code (To be filled in by the Bank)

Permanent Address:

(if different from residential address)

Pin:

Nomination Required (Please complete the nomination form) Yes No

#Business Internet Banking Required Yes No

#Business Phone Banking Required Yes No

Signature (with Entity stamp)

Note: (1) For Sole Proprietorship, Single Holder (Individual) and account, please provide specific Power of Attorney (POA) favoring Authorised Signatory (if any). (2) All payment instructions above a threshold amount (to be communicated by the Bank from time to time) shall be validated by FEEB with one of the authorised signatory mentioned above through telephone. In case any person other than the above list of authorised signatories is to be nominated as designated person for payment transaction authorisation, please provide the details in 'Call Back Contact Detail form' which is available on our website www.feeblabuan.com (Application Forms section).

* If left blank it will be considered as authorisation to sign the cheques for any amount singly by the signatory

If left blank or 'Yes' is selected, then, only view and enquiry access will be provided with 'Single Admin Control' and "Simple Account Authorisation Matrix" to the above mentioned Authorised Signatories, unless specifically requested in Section III. For transaction access, please complete Delegate details in the Section III.

C. Director(s) / Partner(s) / Office Bearer(s) who is / are not authorised to operate the account (OPTIONAL)

I/ We hereby sign below to signify my / our agreement to the details provided and the Declaration below, the signature(s) of which I/we agree to be held in the Bank's record.

1. Full Name:

Former or Other Name (if any):

Nationality: Date of Birth:

Residential Address:

Pin:

Permanent Address:

Address: (if different from residential address) Pin:

Identification (PI) Document Type: PAN Card Passport

Voter's ID Driving License Other: _____

Identification (PI) Document Number: _____

Customer Type: Director Partner Office Bearer

2. Full Name:

Former or Other Name (if any):

Nationality: Date of Birth:

Residential Address:

Pin:

Permanent Address:

Address: (if different from residential address) Pin:

Identification (PI) Document Type: PAN Card Passport

Voter's ID Driving License Other: _____

Identification (PI) Document Number: _____

Customer Type: Director Partner Office Bearer

