

SECTION B – PERSONAL DETAILS – FIRST PARTNER – TO BE COMPLETED IN ALL CASES

Personal

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (Please state)	<input type="text"/>			
First Name	<input type="text"/>														
Middle Name	<input type="text"/>														
Surname/Last Name	<input type="text"/>														
Passport Number (non residents only)	<input type="text"/>								Country of Issue (non residents only)	<input type="text"/>					
If Dual Nationality Passport Number (non residents only)	<input type="text"/>								If Dual Nationality Country of Origin (non residents only)	<input type="text"/>					
Town of Birth	<input type="text"/>								Country of Birth	<input type="text"/>					
Any other name you are, or have been known by	<input type="text"/>														
Are you:	Married	<input type="checkbox"/>	To be married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Number of dependent children	<input type="text"/>	<input type="text"/>

Address

(Non UK residents,
please state your country
of residence)

	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
Postcode/Zipcode	<input type="text"/>								Date moved to address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's maiden name (passwords for security)	<input type="text"/>								School name (passwords for security)	<input type="text"/>					
Home Tel No. Incl STD	<input type="text"/>														
Mobile Tel No. Incl STD	<input type="text"/>														
Personal Email Address	<input type="text"/>														
Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
(Non UK residents, please state your country of residence)	<input type="text"/>														
Postcode/Zipcode	<input type="text"/>														
Date moved to address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Second previous address	<input type="text"/>														
	<input type="text"/>														
(Non UK residents, please state your country of residence)	<input type="text"/>														
	<input type="text"/>														
	<input type="text"/>														
Postcode/Zipcode	<input type="text"/>														
Date moved to address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								

Senior Partner should initial and date each page:

Initial

Date

2 of 13

Your Home Details

Are you:

Owner occupier

Living with parents

Tenant unfurnished

Other

Joint owner

Tenant furnished

Council tenant

If you own your home please give:

Estimated value of your home

£

Mortgage Outstanding

£

Name of Lender

Employment

Only complete if you have other paid employment.

Employment status:

Senior Management

Management/ Professional

Supervisor

Skilled

Semi Skilled

Unskilled

Junior

Other

Employment type:

Employed

Self-employed professional

Self-employed non-professional

Homemaker

Student

Retired

Part time

Temporary Employment

Unemployed

Other

If you are in employment/self-employed please complete

Employer's Name

Business Address

Postcode/Zipcode

Employer's Tel No. Incl STD

Work Email Address

Nature of Employer's Business

Occupation

Date employment commenced

D

D

M

M

Y

Y

Y

Y

How many years have you worked in the industry?

Financial (Personal)

Name of your present bank/building society

Date account opened

D

D

M

M

Y

Y

Y

Y

Sort Code

Account No.

Will you keep this account open?

Yes

No

Do you already hold any Debit Cards?

Yes

No

Do you have any credit cards issued by:

Amex

Diners Club

Mastercard

Visa

Storecards

Have you ever:

Been declared bankrupt?

Yes

No

Existing customer details

If you arean existing customer of Al Rayan Bank, please provide your account details.

Account Number

Account Number

Account Number

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed

Date

Senior Partner should initial and date each page:

Initial

Date

OTHER ACCOUNT USERS
If you would like a second partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – SECOND PARTNER

Personal

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please state) <input type="text"/>	
First Name	<input type="text"/>						
Middle Name	<input type="text"/>						
Surname/Last Name	<input type="text"/>						
Passport Number (non residents only)	<input type="text"/>		Country of Issue (non residents only)		<input type="text"/>		
If Dual Nationality Passport Number (non residents only)	<input type="text"/>		If Dual Nationality Country of Origin (non residents only)		<input type="text"/>		
Town of Birth	<input type="text"/>		Country of Birth		<input type="text"/>		
Any other name you are, or have been known by	<input type="text"/>						
Are you:	Married <input type="checkbox"/>	To be married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/>	Other <input type="checkbox"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex: Male <input type="checkbox"/>	Female <input type="checkbox"/>	Number of dependent children <input type="text"/>

Address

(Non UK residents, please state your country of residence)

<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
Postcode/Zipcode	Date moved to address <input type="text"/>
Mother's maiden name (passwords for security)	School name (passwords for security)
Home Tel No. Incl STD	<input type="text"/>
Mobile Tel No. Incl STD	<input type="text"/>
Personal Email Address	<input type="text"/>

Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.

(Non UK residents, please state your country of residence)

<input type="text"/>	
Postcode/Zipcode	<input type="text"/>
Date moved to address	<input type="text"/>
Second previous address	<input type="text"/>
(Non UK residents, please state your country of residence)	<input type="text"/>
<input type="text"/>	
Postcode/Zipcode	<input type="text"/>
Date moved to address	<input type="text"/>

Are you:	Owner occupier	<input type="checkbox"/>	Joint owner	<input type="checkbox"/>	If you own your home please give:	
	Living with parents	<input type="checkbox"/>	Tenant furnished	<input type="checkbox"/>	Estimated value of your home	£ <input type="text"/>
	Tenant unfurnished	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>	Mortgage Outstanding	£ <input type="text"/>
	Other	<input type="checkbox"/>			Name of Lender	<input type="text"/>

5 of 13

OTHER ACCOUNT USERS
If you would like a third partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – THIRD PARTNER

Personal

Title	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Dr	<input type="checkbox"/>	Other (Please state)	<input type="text"/>			
First Name	<input type="text"/>														
Middle Name	<input type="text"/>														
Surname/Last Name	<input type="text"/>														
Passport Number (non residents only)	<input type="text"/>						Country of Issue (non residents only)	<input type="text"/>							
If Dual Nationality Passport Number (non residents only)	<input type="text"/>						If Dual Nationality Country of Origin (non residents only)	<input type="text"/>							
Town of Birth	<input type="text"/>						Country of Birth	<input type="text"/>							
Any other name you are, or have been known by	<input type="text"/>														
Are you:	Married	<input type="checkbox"/>	To be married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Separated	<input type="checkbox"/>	Other	<input type="checkbox"/>	
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Number of dependent children	<input type="text"/>	<input type="text"/>

Address

*(Non UK residents,
please state your country
of residence)*

<input type="text"/>														
<input type="text"/>														
<input type="text"/>														
<input type="text"/>														
Postcode/Zipcode	<input type="text"/>						Date moved to address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Mother's maiden name (passwords for security)	<input type="text"/>						School name (passwords for security)	<input type="text"/>						
Home Tel No. Incl STD	<input type="text"/>													
Mobile Tel No. Incl STD	<input type="text"/>													
Personal Email Address	<input type="text"/>													
Please provide details of your previous address(es) if less than 3 years at your current address. If you have had more than two previous addresses, please attach details on a separate piece of paper.	<input type="text"/>													
	<input type="text"/>													
	<input type="text"/>													
<i>(Non UK residents, please state your country of residence)</i>	<input type="text"/>													
Postcode/Zipcode	<input type="text"/>													
Date moved to address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
Second previous address	<input type="text"/>													
<i>(Non UK residents, please state your country of residence)</i>	<input type="text"/>													
	<input type="text"/>													
	<input type="text"/>													
Postcode/Zipcode	<input type="text"/>													
Date moved to address	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								

Your Home Details

Are you:	Owner occupier	<input type="checkbox"/>	Joint owner	<input type="checkbox"/>	If you own your home please give:	
	Living with parents	<input type="checkbox"/>	Tenant furnished	<input type="checkbox"/>	Estimated value of your home	£ <input type="text"/>
	Tenant unfurnished	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>	Mortgage Outstanding	£ <input type="text"/>
	Other	<input type="checkbox"/>			Name of Lender	<input type="text"/>

Employment

Only complete if you have other paid employment.

Employment status:	Senior Management	<input type="checkbox"/>	Management/Professional	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Semi Skilled	<input type="checkbox"/>	Unskilled	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Other	<input type="checkbox"/>
Employment type:	Employed	<input type="checkbox"/>	Self-employed professional	<input type="checkbox"/>	Self-employed non-professional	<input type="checkbox"/>	Homemaker	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Part time	<input type="checkbox"/>		
	Temporary Employment	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Other											

If you are in employment/self-employed please complete

[illegible]

Financial (Personal)

Name of your present bank/building society	<div></div>																									
Date account opened	<div>D</div>	<div>D</div>	<div>M</div>	<div>M</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>	<div>Y</div>																		
Sort Code	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	Account No.		<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>										
Will you keep this account open?	Yes	<div></div>	No	<div></div>	Do you already hold any Debit Cards?				Yes	<div></div>	No	<div></div>														
Do you have any credit cards issued by:	Amex	<div></div>	Diners Club	<div></div>	Mastercard	<div></div>	Visa	<div></div>	Storecards	<div></div>																
Have you ever:	Been declared bankrupt?				Yes	<div></div>	No	<div></div>																		

Existing customer details

Existing customer details
If you are an existing customer of Al Rayan Bank, please provide your account details.

Account Number								
Account Number								
Account Number								

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed _____ Date _____

OTHER ACCOUNT USERS

If you would like a fourth partner to be able to operate the account on the partnership's behalf, please complete this section. Additional users to the account will be subject to KY C/Identification checks pursuant to money laundering regulations.

PERSONAL DETAILS – FOURTH PARTNER

Personal

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>	Miss <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please state) <input type="text"/>
First Name	<input type="text"/>					
Middle Name	<input type="text"/>					
Surname/Last Name	<input type="text"/>					
Passport Number (non residents only)	<input type="text"/>			Country of Issue (non residents only)	<input type="text"/>	
If Dual Nationality Passport Number (non residents only)	<input type="text"/>			If Dual Nationality Country of Origin (non residents only)	<input type="text"/>	
Town of Birth	<input type="text"/>			Country of Birth	<input type="text"/>	
Any other name you are, or have been known by	<input type="text"/>					
Are you:	Married <input type="checkbox"/>	To be married <input type="checkbox"/>	Single <input type="checkbox"/>	Widowed <input type="checkbox"/>	Divorced <input type="checkbox"/>	Separated <input type="checkbox"/> Other <input type="checkbox"/>
Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Number of dependent children <input type="text"/>

Address

(Non UK residents,
please state your country
of residence)

<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
<input type="text"/>					
Postcode/Zipcode	<input type="text"/>		Date moved to address	<input type="text"/>	

Mother's maiden name
(passwords for security)

School name
(passwords for security)

Home Tel No. Incl STD

Mobile Tel No. Incl STD

Personal Email Address

Please provide details of
your previous address(es)
if less than 3 years at
your current address. If
you have had more than
two previous addresses,
please attach details on
a separate piece of paper.

(Non UK residents,
please state your
country of residence)

Postcode/Zipcode

Date moved to address

Second previous
address

(Non UK residents,
please state your
country of residence)

Postcode/Zipcode

Date moved to address

Senior Partner should initial and date each page:

Initial

Date

Your Home Details

Are you:	Owner occupier	<input type="checkbox"/>	Joint owner	<input type="checkbox"/>	If you own your home please give:		
	Living with parents	<input type="checkbox"/>	Tenant furnished	<input type="checkbox"/>	Estimated value of your home	£ <input type="text"/>	Mortgage Outstanding £ <input type="text"/>
	Tenant unfurnished	<input type="checkbox"/>	Council tenant	<input type="checkbox"/>	Name of Lender	<input type="text"/>	
	Other	<input type="checkbox"/>					

Employment

Only complete if you have other paid employment.

Employment status:	Senior Management	<input type="checkbox"/>	Management/Professional	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>	Skilled	<input type="checkbox"/>	Semi Skilled	<input type="checkbox"/>	Unskilled	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Other	<input type="checkbox"/>
Employment type:	Employed	<input type="checkbox"/>	Self-employed professional	<input type="checkbox"/>	Self-employed non-professional	<input type="checkbox"/>	Homemaker	<input type="checkbox"/>	Student	<input type="checkbox"/>	Retired	<input type="checkbox"/>	Part time	<input type="checkbox"/>		
	Temporary Employment	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>	Other											

If you are in employment/self-employed please complete

Employer's Name																								
Business Address																								
Postcode/Zipcode									Employer's Tel No. Incl STD															
Work Email Address																								
Nature of Employer's Business																								
Occupation																								
Date employment commenced	D	D	M	M	Y	Y	Y	Y	How many years have you worked in the industry?															

Financial (Personal)

Name of your present bank/building society																													
Date account opened		DD		MM		YYYY																							
Sort Code		XX		XX		XX		Account No.																					
Will you keep this account open?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		Do you already hold any Debit Cards?		Yes <input type="checkbox"/>		No <input type="checkbox"/>																			
Do you have any credit cards issued by:		Amex <input type="checkbox"/>		Diners Club <input type="checkbox"/>		Mastercard <input type="checkbox"/>		Visa <input type="checkbox"/>		Storecards <input type="checkbox"/>																			
Have you ever:		Been declared bankrupt?		Yes <input type="checkbox"/>		No <input type="checkbox"/>																							

Existing customer details

Existing customer details
If you are an existing customer of Al Rayan Bank, please provide your account details.

Account Number								
Account Number								
Account Number								

DECLARATION AND SIGNATURE

I have read, understand and agree to the statements made in the Data Protection and Marketing section on page 11 of this application form.

Signed _____ Date _____

SECTION C – PRODUCTS & SERVICES

Please indicate by ticking the box(es) which product(s) you are applying for.

Current Account ☐ Everyday Saver (Issue 2) ☐ 60 Day Notice Account ☐ Term Deposit Account ☐ Treasury Deposit Account* ☐

If you are enclosing a cheque(s) for deposit into your new account(s) please state amount

£

These products are subject to our **Business Banking Terms and Conditions**, and where applicable, **Special Conditions**. You should make sure you have received them and that you understand them and agree to be bound by them before you apply. In the case of Savings Accounts and Term Deposit Accounts please also complete the supplementary Savings and Term Deposit Account Form.

*To open a Treasury Deposit Account you will need to open a Current Account and/or a Savings Account.

SECTION D – PAYMENT OF PROFIT ON YOUR SAVINGS ACCOUNT(S)

Payment of gross profit share

You may be able to receive your profit share gross provided that you are eligible under Inland Revenue regulations and provided that the account is not a relevant deposit as set out in Section 481 of the Income and Corporation Taxes Act 1988. We may confirm your tax status with your local tax office to satisfy us that profit may be paid gross. If you are eligible, please confirm you wish to receive your gross profit by ticking the box below:

Gross ☐

Your profit share will be paid into your savings account. If you do not want your profit share paid into this account please let us know which Al Rayan Bank account you would like this paid into, when your account(s) have been opened.

SECTION E – HOW DID YOU HEAR ABOUT AL RAYAN BANK?

Received info through post ☐ TV advert ☐ Radio advert ☐ Newspaper advert ☐ Word of mouth ☐ Recommendation by family/friend ☐
Through the Masjid ☐ Press article ☐ Internet search ☐ Website ☐ Other

SECTION F – MANDATE

Please indicate who you would like to operate the account. Only those persons named below will be able to sign on behalf of the Partnership

Title First Name
Surname/Last Name
Position
Signature
X
Your signature must not go outside the box.

Title First Name
Surname/Last Name
Position
Signature
X
Your signature must not go outside the box.

Title First Name
Surname/Last Name
Position
Signature
X
Your signature must not go outside the box.

Title First Name
Surname/Last Name
Position
Signature
X
Your signature must not go outside the box.

Senior Partner should initial and date each page:

Initial

Date

10 of 13

SECTION H – BASIC INFORMATION ABOUT THE PROTECTION OF YOUR ELIGIBLE DEPOSITS

Al Rayan Bank PLC is covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. Most depositors including most individuals and businesses are covered by the scheme.

Eligible deposits in Al Rayan Bank PLC ("the Bank") are protected by	the Financial Services Compensation Scheme (FSCS)
Limit of protection	£85,000 per depositor per bank
If you have more eligible deposits at the same bank	All your eligible deposits at the same bank are "aggregated" and the total is subject to the limit of £85,000
If you have a joint account with other person(s)	The limit of £85,000 applies to each depositor separately
Reimbursement period in case of bank failure	20 working days
Currency of reimbursement	Pound sterling (GBP, £)
To contact Al Rayan Bank PLC for enquiries relating to your account	Call: 0800 4083 084 , Monday to Friday, 9am to 7pm. Saturday, 9am to 1pm Visit: alrayanbank.co.uk Write to: Al Rayan Bank, PO Box 12461, Birmingham, B16 6AQ
To contact the FSCS for further information on compensation	Call: 0800 678 1100 Visit: fscs.org.uk Email: ict@fscs.org.uk Write to: FSCS, 10th Floor Beaufort House, 15 St Botolph Street, London, EC3A 7QU

This is the basic information about the protection of your eligible deposits. You will be provided with more information on account opening. If you would like this information in advance, please contact Al Rayan Bank using the contact details above.

SECTION I – DECLARATION & SIGNATURE

Please confirm that the following statements are true. Please note that, by signing this form you are making the following statements on behalf of the Partnership you represent and personally, on your own behalf.

- I confirm that the resolutions set out in the mandate are an accurate record of what was resolved at the meeting. I agree to supply the Al Rayan Bank with a copy of the Partnership meeting resolution authorising this account to be opened.
- I confirm that I have read and understood and agree to the information contained in this form.
- I confirm that I understand that the account applied for will be governed by the Business Banking Terms and Conditions (a copy of which I have received) and I agree to be bound by those terms.
- I confirm that the information contained in this application is true and correct.
- I authorise Al Rayan Bank to operate banking services in accordance with the mandate and that the applicants named in this form have the relevant authority to act on behalf of the partnership in opening and operating the account(s) applied for.
- Where I have asked for profit to be paid gross, I am eligible under HMRC Regulations and declare that the account(s) applied for is/are not a relevant deposit as in section 481 of the Income and Corporation Taxes Act 1988.
- I have read the section entitled 'Basic information about the protection of your eligible deposits'. By signing this form I acknowledge that I have been provided with the basic information relating to the protection of my/our eligible deposits under the appropriate deposit guarantee scheme.

This is our application agreement upon which we intend to rely. For your own benefit and protection, you should read all the terms and conditions carefully before signing this application. If you do not understand any point please ask for further information.

PLEASE DO NOT SIGN THIS FORM UNTIL YOU HAVE TAKEN INDEPENDENT ADVICE FROM A SOLICITOR OR ACCOUNTANT IF YOU ARE IN ANY DOUBT ABOUT AGREEING TO THE TERMS

This form is signed on behalf of the partnership whose details are shown in this application form. The declaration is made personally by the people who sign it.

Signed by:

Signature of First Partner

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Second Partner

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Third Partner

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of Fourth Partner

X

Your signature must not go outside the box.

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

SECTION J – WHAT TO DO NEXT

To complete our verification procedures and to comply with money laundering legislation please ensure you enclose the relevant documents and proof of identity, we cannot process your application without this information.

Tick to confirm

1. Ensure you have completed and signed all relevant sections of the application form.
2. Ensure you have completed the 'User account access' form.
3. Ensure you have ticked to indicate which account(s) you are applying to open.
4. Ensure you have enclosed all requested proof of identity documentation (please refer to the 'Businesses, Charities, Masjids & Madrasahs Proof of Identity' for guidance).*
5. Sample letterhead (if you use a trading name).

☐
☐
☐
☐
☐

For Bank use only

Branch code	<input type="text"/>
Branch staff name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

HO Processing staff name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

Manager name	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>