

CUSTOMER APPLICATION FORM - PERSONAL

Please complete all fields of the application by clicking on the required options and using the drop down fields. Provide original Identification document and include certified and translated copies of the required supporting documents to confirm identity, address and other personal details. Submit the completed application form and required documentation to our branch representatives.

For details of documents required to open accounts, please visit our website at apsbank.com.mt/deposit-accounts and select 'Download Brochure' or request a copy from the branch.

PERSONAL DETAILS

Title: Mr <input type="checkbox"/> Ms <input type="checkbox"/> Other: <input type="checkbox"/>			Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> X <input type="checkbox"/>
First Name:	Middle Name:	Surname:	
Date of Birth: DD / MM / YYYY	Country of Birth:	Place of Birth:	
Nationality: (if you hold more than one include separately)			
Citizenship: (if you hold more than one include separately)			
If Maltese Citizenship, this was acquired through:	Birth <input type="checkbox"/>	Marriage/Civil Union <input type="checkbox"/>	IIP <input type="checkbox"/>
	MRVP <input type="checkbox"/>	Other: <input type="checkbox"/>	
ID Type:	Country of Issue:		
ID No.:	Document Issue Date: DD/MM/YYYY	Document Expiry Date: DD/MM/YYYY	

CONTACT DETAILS

Permanent Residential Address	House/Apt.No.:	Street:	
City:	Post Code:	Country:	
Use Permanent Residential Address for Communication Y <input type="checkbox"/> N <input type="checkbox"/> (if No, complete Mailing Address)			
Mailing Address	House/Apt.No.:	Street:	
City:	Post Code:	Country:	
Telephone No.:	Mobile No.:		
Email:			
Preferred Banking Channel:	ATM <input type="checkbox"/>	Phone <input type="checkbox"/>	Branch <input type="checkbox"/> Internet/Mobile Banking (myAPS) <input type="checkbox"/>

ACCOUNT PREFERENCES

I wish to apply for the following account(s) with the requested preferences (Tick your request)

Account Type	New Bank Account ⁽³⁾	Currency	VISA Debit Card ⁽¹⁾⁽⁸⁾	Final Withholding Tax ^(select)		Printed Statement Frequency ^{(select)(1)}		Joint Account ⁽¹⁾⁽⁷⁾ <small>(if required enter ID No. of Joint Account Holder)</small>
				Deduct ⁽⁴⁾	Do not deduct ⁽⁵⁾	Annually	Monthly	
Current Account ⁽¹⁾	<input type="checkbox"/>	EUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Savings Account ^{(1)(2)(6(a)(b))}	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Virtual Account ⁽¹⁾⁽²⁾	<input type="checkbox"/>	EUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Term Deposit Account ^{(1)(2)(6a)}	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basic Payment Account ⁽¹⁾	<input type="checkbox"/>	EUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student Virtual Account ⁽¹⁾⁽²⁾	<input type="checkbox"/>	EUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Int'l Student Savings Account ⁽¹⁾⁽²⁾	<input type="checkbox"/>	EUR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

- Subject to terms and conditions. Applicable interest rate is officially published by the Bank for the product requested, on the effective date when account is opened or renewed. The interest rates are published on the Bank's website apsbank.com.mt/interest-rates and available at branches.
- Available to individuals 16 years and over.
- Should application to open bank account/s be approved, the requested preferences will be applied.
- The bank will deduct the 15% Final Withholding Tax on the interest earned on the account/s marked.
- I choose to receive Interest in Full on the selected account/s and not through the current 15% Final Withholding Tax. I hereby declare that the tax will be paid by me and I also authorise the Bank to inform the Commissioner for Revenue of the amount of interest earned each calendar year.
- Accounts can be opened in the following currencies : (a) EUR, GBP, USD, AUD, CAD, CHF and (b) DKK, SEK, NOK, JPY.
- Insert ID Card/Passport No. of joint account holder who is to complete a separate CA01 form and jointly complete 'Appointment of Bankers-Joint Account' form.
- Choose one debit card colour option from the following : **Purple Rain**, **Awesome Ruby**, **Golden Bay** or **Go Green**.

FOR OFFICE USE ONLY

Customer's Profile No.:	Account No.:
Customer is Physically Present: Y <input type="checkbox"/> N <input type="checkbox"/>	Wealth Client: <input type="checkbox"/> Advances Client: <input type="checkbox"/> Special Conditions: <input type="checkbox"/>
Branch: Date: DD/MM/YYYY	Bank Official: Authorised:



CHEQUE BOOK

If you are applying for a **Current Account**, would you like a chequebook?: Y N

You will be provided with one chequebook of 20 pages which will be posted to the address provided for communication in this application.

TERM DEPOSIT ACCOUNT

Only applicable in case of Term Deposit Accounts, which can be opened for the following Duration: 7 Days, 1, 3 or 6 Months, 1, 2, 3, 4 or 5 Years

Principal Amount:

Duration:	<input type="checkbox"/> Years <input type="checkbox"/>	<input type="checkbox"/> Months <input type="checkbox"/>	<input type="checkbox"/> Days <input type="checkbox"/>	CCY <input type="text"/>
Interest Payment Frequency:	Annually <input type="checkbox"/> Semi Annually <input type="checkbox"/>	Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/>	Upon Maturity <input type="checkbox"/>	<small>(When duration is less than 12 months, interest is only paid at maturity)</small>
Interest Payment Method:	Transfer to account: <input type="checkbox"/>			Capitalisation <input type="checkbox"/>
Automatic Renewal:	Y <input type="checkbox"/> <small>(The account will be automatically renewed for a further period upon such terms & conditions and interest rate prevailing at maturity date. You can increase/decrease funds within ten calendar days from maturity, according to the Bank's prevailing policy)</small>			
	N <input type="checkbox"/> Upon maturity transfer capital to account: <input type="checkbox"/> <small>(Upon maturity, term deposit will be closed automatically and transferred to the indicated account)</small>			

OCCUPATION & INCOME

Primary Job Type:	Secondary Job Type:		
Nature of Activity:	Nature of Activity:		
Role:	Role:		
Primary Occupation:	Secondary Occupation:		
Employer's Name:	Employer's Name:		
Net Monthly Salary from Primary Job:	Net Monthly Salary from Secondary Job:		
Any other source of income?: Y <input type="checkbox"/> N <input type="checkbox"/> If yes, from what type of other net monthly income?:			
Interest <input type="checkbox"/> €:	Rent <input type="checkbox"/> €:	Investments <input type="checkbox"/> €:	
Other <input type="checkbox"/> €:	Total Net Annual Income (Occupation/s + Other Sources) €:		
Main currencies utilised: EUR <input type="checkbox"/> GBP <input type="checkbox"/> USD <input type="checkbox"/> Other <input type="checkbox"/>			
Deposits	Normal method of deposits: Bank Deposit Machine <input type="checkbox"/> Cash <input type="checkbox"/> Cheques <input type="checkbox"/> Inter Bank Transfer <input type="checkbox"/>		
	Approximate number of anticipated deposits per month: 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> >20 <input type="checkbox"/>		
	Anticipated cumulative value of deposits per month €:		
	0-5,000 <input type="checkbox"/>	5,001-10,000 <input type="checkbox"/>	10,001-15,000 <input type="checkbox"/> 15,001-30,000 <input type="checkbox"/>
30,001-50,000 <input type="checkbox"/>	50,001-100,000 <input type="checkbox"/>	>100,001 <input type="checkbox"/>	
Withdrawals	Normal method of withdrawals: ATM <input type="checkbox"/> Cash <input type="checkbox"/> Cheques <input type="checkbox"/> Inter Bank Transfer <input type="checkbox"/>		
	Approximate number of anticipated withdrawals per month: 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-15 <input type="checkbox"/> 16-20 <input type="checkbox"/> >20 <input type="checkbox"/>		
	Anticipated cumulative value of withdrawals per month €:		
	0-5,000 <input type="checkbox"/>	5,001-10,000 <input type="checkbox"/>	10,001-15,000 <input type="checkbox"/> 15,001-30,000 <input type="checkbox"/>
30,001-50,000 <input type="checkbox"/>	50,001-100,000 <input type="checkbox"/>	>100,001 <input type="checkbox"/>	
With which countries will the entity be trading with? Malta <input type="checkbox"/> EU/EEA <input type="checkbox"/> Non-EU <input type="checkbox"/>			
<small>(If EU/EEA or Non-EU, select countries)</small>			

If not Malta, please list Country/Countries:

If Self-employed/Sole Trader and requesting a 'Trading As' account, kindly provide the following information :

'Trading As': VAT No.:

'Trading As': VAT No.:

Persons/organisations/suppliers from which you expect to receive Incoming Payments:	Country
Persons/organisations/suppliers to which you expect to send Outgoing Payments:	Country

COMMON REPORTING STANDARD (“CRS”)

Please complete the following table indicating:

- (i) where you are tax resident and
- (ii) your Holder’s Tax Identification Number (TIN) for each country indicated.

If a TIN is unavailable please provide the appropriate reason A, B or C where indicated below:

Reason A - The country where you are liable to pay tax does not issue TINs to its residents.

Reason B - You are otherwise unable to obtain a TIN or equivalent number.
(Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN is required.
(Only select this reason if the authorities of the country of tax residence entered below do not require the TIN to be disclosed)

	Country of TAX Residence	TIN (Tax Identification Number)	If no TIN is available, choose reason A, B or C	If you selected reason B, explain why you are unable to obtain a TIN
1				
2				
3				

UNITED STATES OF AMERICA TAX LIABILITY (“FATCA”)

Please complete the following by ticking one of the following boxes as applicable. If you hold any one or more of the United States indicia, complete either W-8BEN or W-9 form. You are to seek tax advice in case of difficulty.

- I hereby declare that I am not a citizen of the US and I am not a tax resident in the USA.
- I hereby declare that I am tax resident in the US and have the following indicia:
- US Citizenship US Place of Birth US Address US Telephone No. US Nationality US Passport US Tax Residence

POLITICALLY EXPOSED PERSON (“PEP”)

In terms of the Prevention of Money Laundering Act and the Prevention of Money Laundering and Funding of Terrorism Regulations, the Bank is required to establish whether you are a “Politically Exposed Person” (PEP) when entering into a Banking Relationship or executing a Transaction for a customer.

Are you, or have you been in the last 3 years:

a) An Individual who holds a Prominent Public Function: Y N (if yes, select from dropdown as appropriate)

Designation: _____ Other: _____

Termination of Office: _____
(if Prominent Public Function held previously)

b) An Immediate Family Member of a Politically Exposed Person: Y N (if yes, select from dropdown as appropriate)

Relationship: _____ Termination of Office: _____
(if Prominent Public Function held previously)

Designation: _____ Other: _____

PEP Name & Surname: _____

c) A Close Associate of a Politically Exposed Person: Y N (if yes, select from dropdown as appropriate)

Relationship: _____ Termination of Office: _____
(if Prominent Public Function held previously)

Designation: _____ Other: _____

PEP Name & Surname: _____

SOURCE OF WEALTH

I, the undersigned declare that I acquired my total net wealth from: *(This refers to the activities which have generated or contributed to a customer’s accumulation of both funds, assets and property over time)*

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Salary/Income from Occupation
<i>(as defined in page 2)</i> | <input type="checkbox"/> Commercial Loan | <input type="checkbox"/> Lottery/Gaming win | <input type="checkbox"/> Gift |
| <input type="checkbox"/> Pension Lump Sum | <input type="checkbox"/> Sale of property/Assets | <input type="checkbox"/> Re-mortgage | <input type="checkbox"/> Family Loan |
| <input type="checkbox"/> Investments | <input type="checkbox"/> Sale of personal goods | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Redundancy Payment |
| | <input type="checkbox"/> Personal Loans | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Other: _____ |

Countries from where wealth has been acquired: _____

Do your accumulated liquid assets amount to over €1 million or equivalent? Y N

Have you ever been refused a banking relationship?

Y N

Have you ever had a banking relationship terminated? *(If yes, please provide the reason)*

Y N

DATA PROTECTION & MARKETING

Data Privacy Policy

I hereby confirm that I have read, understood and acknowledged the Data Privacy Policy.

Privacy Preferences:
Direct Marketing,
Profiling & Research

I would like to participate in the following: *(Tick the appropriate box)*

Marketing communication by post, email, SMS or other electronic messages
(such as online and internet banking messages) relating to information on
APS Bank's products and services.

Y N

In market research organised by the Bank, such as surveys and focus groups.

Y N

Consent Withdrawals: You may withdraw your consent from direct marketing at any time. Please note that it may take up to 30 calendar days to complete your request from the withdrawal receipt date, in the meantime, you may continue to receive marketing communication and research requests.

ELECTRONIC COMMUNICATION

The Bank processes written instructions or requests received through secure channels, such as myAPS. The Bank may consider to process instructions or requests received by email if authorised to do so as hereunder, and in line with Terms and Conditions. Customers should refrain from sending personal information by email.

I authorise the Bank to act upon written requests or instructions sent or purported to have been sent from any of the email address/es specified on this form. I understand that the Bank shall nevertheless reserve the right (and at its sole discretion) to seek my identification through alternative channels prior to processing my requests or instructions received through email. I authorise the Bank to send any type of communication to any email address/es specified in this form.

Y N

DECLARATIONS BY CUSTOMER

I, the undersigned hereby:

- Declare that the deposits in my Account(s) are derived from legitimate activities and belong exclusively to me and are not held by me for another person, or in a fiduciary capacity or as trustee or nominee.
- Confirm that all the information provided to the Bank by me on this application form is true, complete and up-to-date and acknowledge that the Bank is entitled to close my Account(s) if the information provided by me is found to be incorrect.
- Agree to cooperate with the Bank in the eventuality that it requires further documentation and declarations about me and/or about any transaction(s) in which I might be involved.
- Acknowledge that the Bank has the right to periodically review the banking relationship, and in its total and absolute discretion, to take any decisions that it deems necessary, including terminating this banking relationship without the obligation on the part of the Bank to provide any explanation for its decision.
- Acknowledge that Information about me and my Account(s) may be put onto the Bank's database and used, analysed and assessed by the Bank to provide me with a better service. Apart from the Bank, this information including the nature of my Transactions will be disclosed to Third Parties in order to provide me with the service applied for, for marketing purposes, for the purpose of fraud prevention and compliance with applicable guidance, regulations and legislation, for audit and debt collection and to enable services to be processed for the Bank in Malta and abroad.
- Acknowledge that the information contained in this form, my information and any of my Account(s) which are reportable, may be provided to the tax authorities of the country in which this/these Account(s) is/are maintained and exchanged with tax authorities of another country or countries in which I may be tax resident pursuant to intergovernmental agreements to exchange financial account information.
- Authorise the Bank to debit my Account with any charges that may be incurred to retain the banking relationship and while using the accounts and services applied for.

Whilst the Bank may periodically request you to re-confirm details in this form, you should inform the Bank immediately should any information in this form become out-dated and/or is no longer correct.

I hereby confirm that I have read, understood and accepted the entire **Terms & Conditions, Depositor Information Sheet, Fee Information Document and Tariff of Charges** governing the requested products and services. I also acknowledge that when needed, I can collect a copy of the relevant **Terms & Conditions, Data Privacy Policy, Depositor Information Sheet, Fee Information Document and Tariff of Charges** from any APS Branch, which are also available from the Bank's website apsbank.com.mt/terms-and-conditions.

Date

ID/Passport No.

Customer's Signature

DECLARATION BY PARENT/GUARDIAN/LEGAL TUTOR (ONLY APPLICABLE IF APPLICANT IS A MINOR)

I, _____, as parent/guardian/legal tutor of the applicant, hereby give my consent in order for the applicant to be able to open and administer the requested Account in his/her own name, and agree to the above declarations.

Date

ID/Passport No.

Parent/Guardian/Legal Tutor's Signature