



1. Date: DDMMYYYY

2. Unique Customer ID No: \_\_\_\_\_

- 3. Sole/First Depositor, Second Depositor, Guardian of Sole/First Depositor, Guardian of Second Depositor, First Nominee, Second Nominee, Guardian of First Nominee, Guardian of Second Nominee, Authorized Signatory, Partner, Account Operator, Controlling Shareholder, Shareholder, holding 20% or more share, 4.

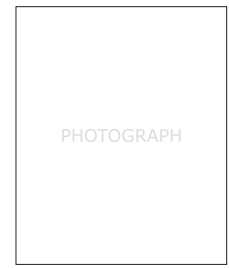
Instructions for filling the form:

Fill the form clearly in capital letters | Any overwriting and/or words struck out must be confirmed by signature. A separate Personal Information Form for each DEPOSITOR, each GUARDIAN of minor depositor(s), each NOMINEE, each GUARDIAN of minor nominee(s), each AUTHORIZED SIGNATORY and Account Operator (if the person is not from previous categories). Separate form for controlling shareholders and any shareholder having 20% or more shares.

- 5. Are you a new client of the Company? Yes; If Yes, all fields are mandatory to fill up. No; If No, select the following: For new instruction for new scheme/product, all fields are mandatory to fill up. For update/change of any information of existing account, fill only the relevant fields. 6. New Account No. 7. New Account No. 8. Existing Account No.

PERSONAL DETAILS:

- 9. Name, 10. (বাংলায়), 11. Father's Name, 12. (বাংলায়), 13. Mother's Name, 14. (বাংলায়), 15. Spouse's Name, 16. (বাংলায়), 17. Date of Birth, 18. Place of Birth, 19. Country, 21. Gender, 22. e-TIN, 23. Nationality, 24. Residence Status, 25. Type of ID, 26. National ID, 27. Passport, 28. Motor Driving License, 29. Birth Registration Certificate, 30. Issuing Authority, 31. Present Address, 32. Permanent Address, 33. Telephone, 34. Mobile Phone, 35. E-mail, 36. Card 1, 37. Issuer, 38. Card 2, 39. Issuer, 40. Card 3, 41. Issuer



NATURE OF OCCUPATION:

- 42. Please select from the following category: Student, Housewife. 43. If occupation is not from above category, please select from the following category and provide Details: Service, Business, Retired, Self Employed. 44. 45. Organization Name, 46. Designation, 47. Years of Total Service, 48. Business Activity of the Organization: Manufacturing, Trading, Service, 49. Details, 50. Work/Business Address, 51. Telephone (Off), 52. Fax, 53. E-Mail

FAMILY DETAILS:

- 54. Marital Status: Single, Married; Marriage Anniversary, Divorced. 55. 56. Living Pattern: Living alone, Living with parents, Living with spouse, no children, Living with spouse and children. 57. Living in: Own house, Rented house, Number of Earning Members in the Family, 58. nos. 59. Gross Family Income (monthly in Tk.): Less than 10,000, 10,000 - 30,000, 30,000 - 50,000, 50,000 - 90,000, 90,000 - 150,000, 150,000 - above. 60. Reason for choosing United Finance: Direct Sales of United Finance, Convenient Location, Advertising, Dissatisfaction with Others, Recommended by Family/Friends, Interest Rate, Service, 61.

**REQUIRED DOCUMENTS:**

*(Please tick mark for each submitted document)*

- 62. Account Application Form, duly filled and signed.
- 63. Account Operations Form, duly filled and signed.
- 64. Organizational Information Form, duly filled and signed with official seal (if applicable).
- 65. Personal Information Form, duly filled and signed.
- 66. One copy passport size photograph of each depositor, nominee, authorised signatory and where applicable legal guardian and account operator. The photograph(s) will be attested by sole/first depositor or if minor, his/her legal guardian or authorised signatory(ies).
- 67. Photograph of valid Photo ID (National ID/Passport/Motor Driving Liscence) of each depositor, nominee, authorised signatory and where applicable each legal guardian and account operator. In absence of valid Photo ID; Birth Registration Certificate or Certificate from Union Parishad/Ward Commissioner should be provided. In this case, a passport size photograph attested by the Chairman of Union Parishad/Ward Commissioner will have to be attached.
- 68. Photocopy of e-TIN (Tax Identification Number) Certificate (if applicable).
- 69. Insurance Application and Good Health Declaration Form, duly filled and signed by sole/first depositor (only for Insured Schemes).

**DECLARATION:**

I, hereby warrant that, all information furnished by me in this form is true, complete and accurate in all respects and that I have not willfully withheld any material fact. I have provided all relevant documents mentioned above.

Signature

**IF DEPOSITOR/NOMINEE IS MINOR:**

I, the legal guardian of the above mentioned person hereby declare that, he/she is a minor. I have provided all required documents and information, as his/her legal guardian

Signature

**FOR OFFICE USE ONLY**

70. Remarks: \_\_\_\_\_

71. Checked By: \_\_\_\_\_ *Account Opening Officer* \_\_\_\_\_ *Signature with Date*

72. Approved By: \_\_\_\_\_ *Account Approving Officer* \_\_\_\_\_ *Signature with Date*

