

New Account Questionnaire – Personal Account

The purpose of this questionnaire is to provide all necessary information that will enable the Bank to evaluate and approve your request.

A. APPLICANT'S GENERAL INFORMATION
ersonal Account Joint Personal Account (If Joint Personal Account, please complete a separate form for each Individual)
itle: Mr Mrs Dr
ull Name:
(as it appears on the passport or identification card)
ather's name:
lother's name:
ate of birth: Nationality:
ity & country of birth:
amily status: Single Married Widow Divorced
Applicant a Trustee? YES NO
ame of Trust: Trust Registration Country:
Y Trust Registration Number: CY Trust Registration Date:
dentification details
eassport eassport
lumber: Expiry date (dd/mm/yy): Country of issue:
lumber: Expiry date (dd/mm/yy): Country of issue:
dentity Card
lumber: Expiry date (dd/mm/yy): Country of issue:
lumber: Expiry date (dd/mm/yy): Country of issue:
Pesidential Address
lumber & street:
ostal code: Country:
Forrespondence Address
Residential address Other (please specify and complete below)
lumber & street:
ostal code: Country:
Contact Details
ome telephone no.: Work telephone no.:
fobile telephone no.: Fax no.:
mail address: Skype id:

1B. SELF - CERTIFICATION

Pursuant to the Agreements for the automatic exchange of information which were concluded and/or will be concluded between the Republic of Cyprus and other countries for tax matters and the relevant legislation (including those relating to the Foreign Account Tax Compliance Act - FATCA and the Common Reporting Standard - CRS), Bank of Cyprus ('the Bank') is required to identify account holders that are tax residents in foreign jurisdictions (for purposes of CRS) and are US Persons (that is US citizens or tax residents) (for purposes of FATCA) and report all related information to the Tax Department in Cyprus which in turn will report this information to Tax Departments of the foreign jurisdictions and/or to the IRS of the United States. As a Bank, we therefore request you to complete this Self-Certification Form. Further information on FATCA and CRS may be found on the websites of the Bank of Cyprus at www.bankofcyprus.com, the Association of Cyprus Banks at www.acb.com.cy the U.S. IRS at www.irs.gov/fatca and the OECD at http://www.oecd.org/tax/automatic-exchange

lease report all countries in whi	ch you are tax resident		
Country of Tax Residence	Taxpayer Identification N	If no TIN available enter	
	Type of Document	Number	Reason A, B or C **
	If a TIN is not availabale, please ccount Holder is a tax resident do		umber.
		ere the domestic law of the relevant authorities	of the country of tax residence
	collection of the TINI icoused by our	h country of tay racidance to be displaced	
·	·	th country of tax residence to be disclosed).	·
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2. FINANCIAL INFORMA	·	th country of tax residence to be disclosed).	
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2. FINANCIAL INFORMA Decupation: Employer's name:	·	ch country of tax residence to be disclosed).	
2. FINANCIAL INFORMA Decupation: Employer's name: Employer's Address	·	ch country of tax residence to be disclosed).	
2. FINANCIAL INFORMA Decupation: Employer's name: Employer's Address Number & street:	·	ch country of tax residence to be disclosed).	
2. FINANCIAL INFORMA Decupation: Employer's name: Employer's Address Number & street:	TION		
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2. FINANCIAL INFORMA Decupation: Employer's name: Employer's Address Number & street: Postal code: //alue of Assets:	TION Town:		
2. FINANCIAL INFORMA Decupation: Employer's name: Employer's Address Number & street: Postal code: //alue of Assets:	TION Town:		
2. FINANCIAL INFORMA Decupation: Employer's name: Employer's Address Number & street: Postal code: Value of Assets: Expected Annual Dr turnover on	Tion Town: account (equivalent in €):		
2. FINANCIAL INFORMA Description: Employer's name: Employer's Address Number & street: Postal code: Value of Assets: Expected Annual Dr turnover on	Tion Town: account (equivalent in €): Amount in €		

Soı	urce / Value of Income:					
T	ype	Description			Amount	
	Salary					
	Pension / Allowance					
	Rent					
	Interest					
	Dividents					
	Minor Savings					
	Student Allowance					
Soi	urce / Value of Wealth:					
T	уре	Description			Amount	
	Immovable Property					
	Movable Property					
	Shares					
	Bonds					
	Deposits					
	Other					
Pur (ple	rpose/reason of application for cease specify)	opening the account: i.e de	eposits/savings, commercia	l payment	s, card faciliti	ies, credit facilities, other
Nat car	ture of the transactions to be peds, proceeds of credit facilities,	rformed: i.e transfers, inw letters of credit, other (ple	vard payments, outward pay ase specify)	ments, ch	eque deposi	ts, cash deposits, use of
Exp	pected origin of incoming funds:	4				
	Name of orderor	Address	Website of orderor		try of or's bank	Business activities of orderor
1						
2						
3						
4						

Bank of Cyprus Public Company Ltd. International Banking, Wealth & Markets

Expected destination of outgoing payments:

	Name of beneficiary	Address	Website of beneficiary	Country of beneficiary's bank	Business activities of beneficiary
1					
2					
3					
4					
	OTUED INFORMATION		'		
	OTHER INFORMATION	Octoon (DED).			
	cation for Politically Exposed F				4
	ase specify whether the application and the specify whether the application are specified as the specific and the specific and the specific are specified as the specific and the specific are specified as the specific are specified as the specif	ant (yourself) /any imm	ediate family member / assoc	ciate noid/neid a prominen	t public function the i
	None Applica	ant Close	e Relative Clos	se Associate	
an	ne of the person that holds / he	eld the prominent publi	ic function:		
	ne of the person that holds / he	eld the prominent publi	ic function: Country of the position hel	d:	
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Please make sure that you enclose the following documents and information and tick the boxes accordingly:

Legible certified true copy of passport(s) (Inclusive of photograph, signature and expiry date)

Bank reference (not older than 6 months)

Proof of residential address, e.g. utility bill (not older than 6 months)