

ACCOUNT OPENING - INDIVIDUAL
New Additional account Amendment Customer N°
Account type Joint Solidary Minor Wage Premium Private
Account holder type Holder Subscriber Attorney Tutor
Branch Date
(Fields in grey are to be completed by the Bank) D D M M Y Y Y Y ACCOUNT Number Currency
NUIB (Fields in grey are to be completed by the Bank)
PERSONAL DATA
Full Name Gender F M
Adress
Street/Ave.
Neighborhood Cell P.O. Box House N.º Floor
City/Place Province Country District
Contact 1 Contact 2
E-mail Nationality
IDENTITY DATA
Place of issue Date of issue Validity
Resident Non-resident Date of birth Taxpayer No.
Language Nationality Place of birth
Filiation
Nana Driman, Sacandan, BA/High Master/PhD
Level of Education Primary Secondary Education
Common-law Do
MARITAL STATUS Single Single Marriage Married Diverced Widow(er)
MARITAL REGIME All assets are common assets All assets acquired after marriage No common assets are common assets
Spouse's name
Date of birth No. of dependents No. of children
AUTHENTICATION FOR POLITICALLY EXPOSED PERSONS(PEP) Is the customer a PEP? Yes No
Has the customer held a senior position of a political or public nature? Yes No
If yes, identify the position
Does the customer have business or corporate relations with a senior political or public position holder?
If yes, identify the existing relationship

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PROFESSIONAL Employee Employer
Profession Contractual Relationship Permanent Temporary Year of admission Relationship Retired
Position Administrator Senior Middle Officer Sales Administrative Others /General Manager Officer /Technical Staff
Self-emplyoed Field of Activity
Businessman/Sole traders Field of Activity
INCOME INFORMATION Monthly Net Income
Nature and purpose of account opening Credit (personal loan / housing
ADDITIONAL INFORMATION Type of funds Cash Cheque TT/Inward Remittance
Apart from income earned from your occupation; please tell us any other source of income earned by you
Extra Income Activity Branch
Prepaid Card Not personalized debit card Personalized debit card Credit Card Internet Banking Mobile Banking USSD Name of the cardholder to angrave on the card (Maximum 19 characters, including spaces)
Card Type Classic Gold Platinum W Others FOR INTERNAL USE ONLY Card delivery branch I authorize Access Bank Mozambique SA, to debit my current account, regarding the annuity and commissions of card users that I subscribe.
FATCA Questionnaire USA citizen? Yes No Tax residence in the USA? Yes No Address
SELF - CERTIFICATION AND AUTHORIZATION
I authorize this from to be provided to any withholding agent that has control, receipt, or custody of the income of which the customer in is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the entity in is the eneficial owner. I agree that I will submit new form within 30 days if any certification on this form becomes incorrect.
CUSTOMER 'S SIGNATURE FOR INTERNAL USE ONLY Confirmed Authorized
Date Date Date Date

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