

Branch

Account No.

Please fill in block letters

Please fill in the information

New Customer Existing Customer

Company Legal Name:

Resident Non-Resident

Entity Type: Locally incorporated company Branch Office/Representative Office Partnership/Joint Venture
 Government Entity Other(s)

Stock Exchange Non-listed Listed if listed

Company Registration Number (DICA/MIC/SEZ/Others) : Date of Registration:

Tax Status Resident Non-Resident Tax Number:

Business Type: Manufacturing Trading Service Other (Specify)

Source of Income Myanmar Other Country (Specify)

Contact Person Information

Mr. Mrs. Ms. Other(Specify) Name:

NRC No./Passport No. Country of Issue

Nationality (Specify) Date of Birth Gender Male Female

Occupation: Designation:

Current Address:

Office Address:

Contact/Mailing Address: Current Address Office Address

Telephone: Mobile Number: Office Number:

Fax No. E-mail Address:

Information of the account opening

Account Type:

Current: USD MMK EUR SGD

Cheque Books

Please supply us with cheque books containing 20 cheque leaves and debit our account for the necessary costs and mail/courier charges.

Call: MMK

Fixed: USD MMK

Days Months 1 2 3 6

Roll over Yes No if Yes, Interest + Principal Principal Only

if Principal only,

Interest Deposit Account No.

Amount of Registered Capital MMK/USD

Number of Shares

Amount of Paid-up Registered Capital MMK/USD

Major Shareholder No.1

Number of Shares

Major Shareholder No.2

Number of Shares

Authorized Signatory

Sign 1. Sign 2. Sign 3.

Name: Name: Name:

Designation: Designation: Designation:

Date:..... Place: Date:..... Place: Date:..... Place:

Sign 4. Sign 5.

Name: Name:

Designation: Designation:

Date:..... Place: Date:..... Place:

Company Stamp (if applicable)

Information on the type of the applied services

Automatic Fund Transfer from account no.....to account no.....

Remark: Fees and/or service charges for each service are subject to SCBM announcement in its announcement book and on www.scbmm.com

We represent and warrant that any documents and information that we delivered and/or will deliver to the Bank in the future are correct, complete and true in all respects. We agree that the Bank may keep records of and store such documents and information in its customers database for the benefits of opening deposit account and/or conducting other transactions in relation to deposit account with the Bank. For consideration of approval and/or service providing and/or any action related to us, We agree that it shall be based on the information provided in this Application. We have received the passbook and/or other related materials, as well as the terms and conditions for account opening and/or use of services. We agree to be bound by those terms and conditions, including changes and amendments in the future.

For Bank:	
DEPOSIT INSTRUMENTS	INITIAL AMOUNT DEPOSITED
Cash	
Fund transfer from abroad	
Cheque No. Dated Drawn on	
T/Cheque.	

Documents Provided for Account Opening

- Original Board of Directors' Resolution of the Company, authorizing opening and operation of the account (signed by all directors who attend the meeting together)
- Original Power of Attorney (if required)
- Certified copy of Certificate of Incorporation (issued by MYCO)
- Company Extract (issued by MYCO)
- Certified copy of Investment Permit issued by MIC/ SEZ Management Committee (if any)
- Certified copy of Association of Memorandum or DICA Constitution
- Certified copy of Export-Import Registration (if any)
- Certified copy of MIC Endorsement (if company register under MIC)
- NRC (if Myanmar nationality)/Passport copies of
 - i. All Directors
 - ii. Authorized Signatories
 - iii. Shareholders
 - iv. Contact Person of the Company
- Company Registration Certificate of the Beneficiary owner (i.e. corporate shareholder with a stake of 10% or more in Company)
- List of Directors of Beneficiary owner and its NRC/ Passport Copies (i.e. corporate shareholder with a stake of 10% or more in Company)
- Certified copy of list of shareholders of Beneficiary owner and its share allotment (i.e. any individual or corporate shareholder with a stake of 10% or more in Company)
- Others (specify)

KYC

Reason

Recorder's Signature

Staff ID

Approving person's Signature

Staff ID



Authorised Signatories			
No.	Personal Particulars	Grouping (if applicable)	Specimen Signature
(1)	Name (as per NRC/Passport) :		
	NRC No./Passport No. :		
	Date of Birth:		
	Contact Number:		
	E-mail Address:		
	Designation:		
(2)	Name (as per NRC/Passport) :		
	NRC No./Passport No. :		
	Date of Birth:		
	Contact Number:		
	E-mail Address:		
	Designation:		
(3)	Name (as per NRC/Passport) :		
	NRC No./Passport No. :		
	Date of Birth:		
	Contact Number:		
	E-mail Address:		
	Designation:		
(4)	Name (as per NRC/Passport) :		
	NRC No./Passport No. :		
	Date of Birth:		
	Contact Number:		
	E-mail Address:		
	Designation:		
(5)	Name (as per NRC/Passport) :		
	NRC No./Passport No. :		
	Date of Birth:		
	Contact Number:		
	E-mail Address:		
	Designation:		