

Branch .....

Account No. ....

Doc No. ....

Please fill in the information

Account No. ....

Doc No. ....

New Customer  Existing Customer

Account No. ....

Doc No. ....

Name of Account :  Mr.  Mrs.  Ms.  Others (Specify) .....

National Registration Card No. ....

Passport No. ....

Country of Issue: .....

Nationality (Specify) .....

Date of Birth: .....

Gender  Male  Female

Marital Status:  Married  Single  Divorced  Widow/Widower

Educational Level:  Primary School  Graduate  Master & above  Diploma  Degree

Others (please specify) .....

Occupation: .....

Source of Income  Myanmar  Other Country (Specify) .....

Annual Income/Salary Range: between ..... and .....

**Contact Information**

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

Cheque Books

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

Savings:  USD  MMK

Fixed:  MMK

Days .....  Months  1  2  3  6

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

if Principal only,

Interest Deposit Account No. ....



**Account Ownership**

- One Owner: Sole signatory for withdrawal
- Joint Owner..... Person(s)  
(Specify the name of the joint owners)

No.2 .....

No.3 .....

Condition for withdrawal (Specify).....

**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

I/We agree that the Bank may read my/our information and photo(s) as recorded on my/our identification card(s) which I/we delivered to the Bank and may keep records of and store such information and photo(s) for the benefits of deposit account opening with the Bank, In addition, I/we agree that the Bank may keep records of and store such information and photo(s) in its customers database for the benefits of conducting other transactions in relation to the deposit account with the Bank. For consideration of approval and/or service providing and/or any action about me/us, I/we agree that it shall be based on the information provided in this Application. I/We also confirm that the information of my/our identification card(s) appeared in this Application is(are) correct.

I/We hereby confirm that I/we have received the passbook and/or other related materials, as well as the terms and conditions for account opening and/or service using. I/We agree to be bound by those terms and conditions, including changes and amendments in the future. I/We confirm that I/We am/are the actual beneficiary(ies).

"Warning: Being hired to open account and purchase of account have legal punishment"

**Applicant/Service User's Signature**

Sign.....

Name: .....

Designation: .....

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

For Bank:

KYC Level: ..... (Area for copy of identification card (verified copy of identification card with the source))

Reason: .....

**Verification of Authorized Persons /Legal Representatives**

Signature

Signature

Name: .....

Name: .....

Designation: .....

Designation: .....

Staff ID: .....

Staff ID: .....

Telephone Number: .....

Telephone Number: .....

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

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

**FATCA STATUS**

The customer and beneficiary names have already been verified with the AML/CFT Risk Database.

Signed.....  Found  Not Found .....