



Branch

Account Title

Account Number

Branch Code				Customer ID				Suffix			

Link Account Number
(CASA)

Branch Code				Customer ID				Suffix			

FOR BANK USE ONLY

Documentation Checklist for Opening an AB নিশ্চিত Fixed Deposit (FD) Account (Individual)

A. Documents required for opening an AB নিশ্চিত Fixed Deposit Account for Walk-In Customer

- ID Document (any one from below)
 - NID (Preferable)
 - Passport
 - Birth Registration Certificate (with Photo ID)
- Two copies of recent colored passport size Photograph
- One copy of recent colored passport size Photograph of the Nominee(s)/Assigned Person (if nominee is minor)/Beneficial Owner attested by the Applicant
- ID Document of Nominee(s)/Assigned Person (if nominee is minor)/Beneficial Owner
- Personal Information Form(PIF) of Joint Applicant(s), if any
- PIF of Beneficial Owner, if any
- Copy of recent Utility Bill e.g. Gas, Electricity, WASA, Telephone, Mobile Bill etc.
- Copy of e-TIN (if available)
- Document(s) related to Source(s) of Fund

B. Documents required for opening an AB নিশ্চিত Fixed Deposit Account for Existing Customer

- Document(s) related to Source(s) of Fund
- One copy of recent colored passport size Photograph of the Nominee(s)/Assigned Person (if nominee is minor)/Beneficial Owner attested by the Applicant
- ID Document of Nominee(s)/Assigned Person (if nominee is minor)/Beneficial Owner
- PIF of Beneficial Owner, if any

C. Checkpoints for Life Insurance Coverage Eligibility - MetLife

- Is the Applicant a primary Fixed Deposit holder of AB Bank Limited (ABBL) Yes No
- Primary Applicant must be -
 - A natural person
 - Age over 18 years and below 64 years
 - Resident of Bangladesh
- Has the MetLife - Good Health Declaration (GHD) for Evidence of Insurability (EOI) form filled up & signed by Applicant Yes No
- Are the Insurance Beneficiary(ies) same as nominees for Fixed Deposit Application Form Yes No

Note: If all Yes, Qualified applicants enroll into the insurance scheme, while Applicants not fulfilling the eligibility criteria satisfactorily are not accepted for Insurance protection.

Initial of Assigned Officer

Initial of BOM/BRM

AB নিশ্চিত APPLICATION FORM

INDIVIDUAL ACCOUNT

 Single Joint

 Date

D	D	M	M	Y	Y	Y	Y
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 CASA Account Number

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 The Manager
AB Bank Limited

 AB নিশ্চিত Account Number

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 AB নিশ্চিত Receipt Number

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..... Branch

Dear Sir/Madam,

I/We do hereby apply for opening an AB নিশ্চিত Fixed Deposit account with your Branch. My/Our account related and personal information is furnished below:

Account Information

1) Title of Account

In English (Block Letter) :

বাংলায় :

2) Fixed Deposit Information

a) Amount in Figures : In Words : Rate of Interest :

 Tenor : 1 Year Others (Please Specify) : Date of Maturity :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

b) Life Insurance Benefit BDT Maximum

 c) Account Debit Instruction : Please debit my/our account

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d) On Maturity:

 Renew Principal plus Interest at prevailing interest rate

 Renew Principal at prevailing interest rate and pay Interest

 To Account

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 By Cash By Pay Order

 Encash the FDR and pay Principal plus Interest

 To Account

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 By Cash By Pay Order

3) Account Operating Instructions

 Singly Jointly Anyone Either or Survivor Others (Please Specify) :

Personal Information* (For Walk-in Customer Only)

1) Name of Applicant

In English (Block Letter) :

বাংলায় :

 2) Date of Birth :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 3) Gender: Male Female Others :

4) Father's Name :

5) Mother's Name :

6) Spouse's Name :

 7) Nationality : Resident Non-Resident

8) Occupation : 9) Monthly Income : 10) Sources of Income :

11) Tax ID Number (TIN), if available :

12) a) Present Address

House Name : Flat No. : Road No./Name :

Village/House/Holding No./Area : Block/Sector/Section : Police Station :

Post Office : Post Code : District : Country :

Phone/Mobile Number : e-mail ID :

2 copies of recent coloured passport size photograph

* Separate Personal Information Forms (PIF) have to be filled up as attachment(s) to this form (i) for each Applicant of Joint Accounts (ii) for Beneficial Owner, if any.

Initial of Assigned Officer

Initial of BOM/BRM

b) Permanent Address (If different from Present Address)

House Name : Flat No. : Road No./Name :
Village/House/Holding No./Area : Block/Sector/Section : Police Station :
Post Office : Post Code : District : Country :

13) ID Document : NID Passport Birth Registration Certificate

ID Number :

Introducer's Information (Only required if Applicant does not have NID)

Name :

a) Account Number Or

b) NID Number : Date of Birth :

Contact No. :

Introducer's Signature with Date : Signature verified (Initial)

Nominee Information*

1 copy of Nominee's recent coloured passport size photograph attested by the Applicant

I/We nominate the following person(s) to receive the balance of this account in the event of my/our death. I/We shall have the right to cancel or amend this nomination at any time. I/We further confirm that Bank shall make payment as per this instruction and the payment made by the Bank to the nominee(s) shall constitute a full discharge of its liabilities in respect of such deposits/balance.

Number of Nominee(s) Type of Nominee Minor Adult

1) Name of Nominee :

a) Date of Birth b) Relationship with Applicant : c) Percentage of Share :

d) Permanent Address

House Name : Flat No. : Road No./Name :

Village/House/Holding No./Area : Block/Sector/Section : Police Station :

Post Office : Post Code : District : Country :

Phone/Mobile Number : e-mail ID :

e) ID Document : NID Passport Birth Registration Certificate Others

ID Number :

2) For minor nominee(s) remaining minor in the event of the death of the Applicant(s), the person with following details shall be eligible to receive the minors' share of remaining credit balance of the account as per section 103(2) of Banking Companies Act 1991.

a) Name : b) Relationship with Nominee :

c) Permanent Address

House Name : Flat No. : Road No./Name :

Village/House/Holding No./Area : Block/Sector/Section : Police Station :

Post Office : Post Code : District : Country :

Phone/Mobile Number : e-mail ID :

d) ID Document : NID Passport Birth Registration Certificate Others (Please Specify)*

ID Number :

* Separate Nominee Information Form(s) to be filled up as attachment(s) to this form for more than one nominee.

Initial of Assigned Officer

Initial of BOM/BRM

Specific Terms & Conditions

Specific Terms and Conditions for "AB নিশ্চিত"
(Fixed Deposit with insurance coverage)

A savings or current account has to be maintained with AB Bank prior to opening of AB নিশ্চিত Account, the reference of which shall be recorded in AB নিশ্চিত Account form. A minimum balance of Taka 25,000.00 shall have to be maintained in that account.

All new or existing Fixed Deposit Accountholders can be enrolled under the insurance coverage automatically by signing Application and GOOD HEALTH DECLARATION (GHD) FORM for Evidence of Insurability (EOI) attached to the Account Application Form and acceptable to MetLife as satisfactory Medical Evidence of Insurability. No medical report will be required if the Good Health Declaration Form is acceptable to MetLife as satisfactory Medical Evidence of Insurability. Accountholder will not have to make any premium payment for the coverage.

AB Bank reserves the right not to open AB নিশ্চিত Account or to discontinue such account if the customer fails to meet insurance eligibility criteria while opening the account or at a later stage it is identified that he/she no longer meets the insurance criteria.

There will be only one coverage per Accountholder irrespective of the number of FDR s/he might maintain with AB Bank Ltd. at a certain time. The Duration of Insurance Coverage shall be for the full deposit term from the Date of Enrolment. However, in case a customer opens multiple FDRs, the Duration shall be up to the latest maturity date of the FDRs.

Terms and conditions of "AB নিশ্চিত" Fixed Deposit insurance policy which will be as provided by American Life Insurance Company (MetLife). Any claim under the insurance has to be lodged directly with American Life Insurance Company (MetLife). AB Bank shall not bear any responsibility and liability for the settlement of any claim.

General Terms & Conditions

1. General

- 1.1 These conditions apply to each account opened with AB Bank and are binding on the Account Holder(s) and AB Bank. These conditions however, are subject to amendment from time to time.
- 1.2 If there is a conflict between these conditions and any agreement relating to a service or product provided to the Account Holder(s), then the agreement prevails.
- 1.3 An introduction is not required if the Account Holder has valid NID. For other IDs an introduction by a valid NID Holder or an Account Holder of AB Bank is required to open any account.
- 1.4 AB Bank may decide not to open an account if it is not satisfied with Account Holder(s) identity and/or intention of their request for opening the account.
- 1.5 Neither the Account Holder nor AB Bank may assign or transfer any of its rights or obligations under these conditions without the other's written consent, which will not be unreasonably withheld or delayed, provided that AB Bank may make such an assignment or transfer to a branch, subsidiary or affiliate if it does not materially affect the provision of services to the Account Holder.
- 1.6 If any provision of these conditions becomes illegal, invalid or unenforceable under any applicable law, the remaining provisions of these conditions will remain in full force and effect (as will that provision under any other law).
- 1.7 No failure or delay of the Account Holder or AB Bank in exercising any right or remedy under these conditions will constitute a waiver of that right. Any waiver of any right will be limited to the specific instance.
- 1.8 The Account Holder consents to the Bank's monitoring or recording of telephonic or electronic communications for security and quality of service purposes.
- 1.9 Written notice shall be effective if delivered to the Account Holder's principal mailing address, email address, cell phone specified in the Account Opening Form (or in any other acceptable manner) or address on the most recent statement for the relevant Account.
- 1.10 AB Bank abides by restrictions and sanctions imposed by the government of Bangladesh and other competent local/international bodies. The balances and transactions in all accounts shall be subject to the same restrictions and sanctions. AB Bank reserves the right to refuse to become a party to any transaction that may violate the same.
- 1.11 Account Holder also agrees to provide necessary information for Bank to prepare KYC profile as per prevailing Acts for Money Laundering Prevention and Combating Anti-Terrorism.
- 1.12 Bank may make any currency conversion at its spot rate of exchange for the relevant currencies at the time of conversion, if required.
- 1.13 All accounts of foreign companies and all foreign currency accounts shall be operated in accordance with the general or special permission of Bangladesh Bank, the applicable provisions of the Foreign Exchange Regulation Act, Guideline for Foreign Exchange Transactions and any rule, direction, regulation or order made thereunder.
- 1.14 As per clause 35 of Banking Companies Act 1991, deposit of the account including interest thereon shall be transferred to Bangladesh Bank after 10 years if there is no transaction during that period in the said account by the Account Holder.
- 1.15 The Bank reserves the right to vary, modify and add to these terms and conditions and levy charges at any time, without notice and without assigning any reason whatsoever.
- 1.16 No cheque book will be issued.
- 1.17 "Non-negotiable and Non-transferable" deposit advice shall be given to the depositor as a receipt.
- 1.18 Standing instruction can be executed for AB নিশ্চিত.
- 1.19 For encashment, the Customer shall submit the duly discharged Advice of the Scheme.

2. Communications

- 2.1 AB Bank is not responsible for errors or omissions made by the Account Holder or the duplication of any communication by the Account Holder and may act on any communication by reference to an account number only, if it reasonably believes that it contains sufficient information.
- 2.2 AB Bank may decide not to act on a communication where it reasonably doubts its contents, authorization, origination or compliance with the procedures and will promptly notify the Account Holder (by telephone if appropriate) of its decision.
- 2.3 If the Account Holder informs AB Bank that the Account Holder wishes to recall, cancel or amend a communication, AB Bank will use its reasonable efforts to comply.
- 2.4 The Account Holder understands, acknowledges and accepts that communication sent via facsimile machines, internet, diskettes or any other method over public lines, is not encrypted, and that these transmission methods are not necessarily secure means of transmission and delivery of information, and that there are associated risks including breach of confidentiality, possible unauthorized alteration and/or all responsibility in this regard including as to any misuse of communication, and to hold AB Bank harmless for any cost or loss that the Account Holder may incur due to the same and any error, delay or problem in transmission or otherwise.
- 2.5 For Joint Accounts all communications / statements shall be addressed to the 1st Applicant.

3. Account Operations

- 3.1 Each FD account will be given one account number. This number is to be properly quoted on all letters and/or documents addressed to the Bank and on all deposit slips. The Bank will not be responsible for any loss or damage occurring as a result of wrong quotation of account number.
- 3.2 For the accounts opened in the name of two or more persons or in the name of a firm/ company/trust/ association, special instruction about the operation of the account by the signatories should be specified.
- 3.3 In a joint/partnership account where the account can be operated by authorized signatories individually, if prior to acting on instruction(s) of one authorized signatory, contradictory instruction(s) is/are received from any other authorized signatory, the bank shall act on the joint and collective instruction(s) or mandate of all the authorized signatories.
- 3.4 If the Account Holder is more than one individual, it is agreed that they shall be joint and severally liable and reference to the Account Holder will refer to all such persons collectively. However, the bank is authorized to deal with any of such persons unless instructed otherwise by the Account Holder(s).
- 3.5 The Account Holder shall inform AB Bank in writing about any change in the Account Holder address and contact details or residential status as and when such changes take place.
- 3.6 In case of death of the Account Holder(s) or any of the authorized signatories, the bank must be notified with supporting papers i.e., Death Certificate issued by competent public authority or registered doctor or other functionary acceptable to the bank.
- 3.7 The Bank may block any/all of Account Holder's account(s) (and later remove the block) at any time or withhold and pay out the required amounts from any of Account Holder's account(s) at any time, if a regulatory or tax authority requires the bank to do so, or the Bank is otherwise required by law, order or sanction of any authority or pursuant to agreements with any regulator or authorities (either domestic or overseas) to do so.
- 3.8 AB Bank will supply instruments to the Account Holder and the Account Holder will make reasonable efforts to avoid any fraud, loss, theft, misuse or dishonor in respect of them. The Account Holder will promptly notify AB Bank in writing of the loss or theft of the instrument(s).

4. Interest, Fees and other Charges

Any government taxes, duties and other levies will be realized by the bank as per government regulations.

5. Performance

- 5.1 AB Bank will perform in good faith and with reasonable care, as determined in accordance with the standards and practices of the banking industry, and may use any communications, clearing or payment system, intermediary bank or other entity it reasonably selects. AB Bank's performance is subject to the rules and regulations (including governmental acts, orders, decrees and regulations) at any time prevailing in the Country.
- 5.2 AB Bank will not be responsible for any failure to perform any of its obligations with respect to any Account if such performance would result in it being in breach of any law, regulation or other requirement of any governmental or other authority in accordance with which it is required to act or if its performance is prevented, hindered or delayed by a Force Majeure Event, in such case its obligations will be suspended for so long as the Force Majeure Event continues. "Force Majeure Event" means any event due to any cause beyond the reasonable control of the relevant party, such as restrictions on convertibility or transferability, requisitions, involuntary transfers, acts of God, Civil Commotion, strikes or industrial action of any kind, riots, insurrection, war or acts of government.

6. Account Holder Information

The Account Holder hereby consents for AB Bank or any of its affiliates (including Branches) to share his/her/their information with domestic or overseas regulators or tax authorities where necessary to establish Account Holder's tax liability in any jurisdiction pursuant to orders, agreements with any such regulators or tax authorities or otherwise.

7. Law; Jurisdiction; Immunity

- 7.1 In relation to any Account these conditions are governed by the laws of Bangladesh.
- 7.2 In relation to any Account the courts of Bangladesh where the Account is held have non-exclusive jurisdiction to hear any dispute arising out of or in connection with these conditions and the Account Holder and AB Bank irrevocably submit to the jurisdiction of such courts.
- 7.3 Each of the Account Holder and AB Bank waives any right it may have to immunity from legal proceedings or execution.

8. Liabilities, Joint and Several

- 8.1 The Account Holder agrees and fully indemnifies AB Bank against claims, losses, damages, liabilities of any nature or expenses incurred or suffered by AB Bank in liquidating any deposit, executing stop payment instruction(s), as a result of any breach, default, negligent or fraudulent act or omission by the Account Holder in connection with any Account, for acts or actions undertaken in good faith by it on the Account Holder's communication, whether or not acting upon or making payment in respect of any forged or counterfeit instrument, any act or omission (or any delay) in response to instructions to AB Bank, together with any and all attendant cost and expenses, including AB Bank's reasonable legal fees and expenses. Pursuant to the above, the Account Holder irrevocably hereby agrees, upon demand, to pay such amounts to AB Bank.
- 8.2 These conditions shall be binding upon the respective heirs, executors, administrators, successors, or permitted assigns (as the case may be) of each Account Holder.

Declaration

I/We have read and understood the terms and conditions of AB নিশ্চিত fixed deposit and insurance coverage policies and procedures of MetLife.

I/We hereby confirm that all information/declaration/instruction/authorization provided by me/us relating to my/our operating AB নিশ্চিত account, and all terms and conditions and any subsequent changes thereon including specific Terms & Conditions mentioned above shall be applicable to this Deposit.

Signature	Signature	Signature	Signature
Name :	Name :	Name :	Name :
Date :	Date :	Date :	Date :
1 st Applicant	Joint Applicant	Joint Applicant	Joint Applicant

Foreign Account Tax Compliance Act (FATCA) Declaration Form

(Account Opening Form Supplement)

This form must be completed by each Individual concerned with opening of an Account with AB Bank Limited
Please fill in BLOCK LETTERS

Name :									
Country of Residence :									
Country of Birth :									
Please Tick "√" Yes or No for each of the following :									
1. Are you a U.S. Resident?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No						
Yes	No								
2. Are you a U.S. Citizen?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No						
Yes	No								
3. Do you hold a U.S. Permanent Resident Card (Green Card)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table>	Yes	No						
Yes	No								

I hereby confirm that the Information provided above is true, accurate and complete.

I hereby consent for AB Bank Limited or any of its affiliates (including branches) (Collectively the Bank) to share my Information with domestic or overseas regulators or tax authorities where necessary to establish my tax liability in any jurisdiction.

Where required by domestic or overseas regulators or tax authorities, I consent and agree that the Bank may withhold from my account(s) such amounts as may be required according to applicable laws, regulations and directives.

I undertake to notify the Bank within 30 (thirty) calendar days if there is a change in any Information which I have provided to the Bank.

Name :

Signature :

Date :

For Bank Use Only

Account Opened by

Signature with Date

Name & Designation Seal

Reviewed and Approved by

Signature with Date

Name & Designation Seal

Initial of Assigned Officer

Initial of BOM/BRM

Know Your Customer (KYC)

[Customer(s) Risk Assessment Profile]
FD AB নিশ্চিত Individual Account

Review Date :

1. Title of Account :
2. Customer's Occupation (Details) :
3. Monthly Income :
4. Source(s) of Fund :
5. How were the Customer's Source(s) of Fund verified (details with documents) :
6. How was the Customer's Address verified :

7. Is /Are there any Beneficial Owner(s) of the Account? Yes No

[If yes, then obtain and attach duly filled & signed "Beneficial Owner Information Form" for each Beneficial Owner]

8. ID Document (any one)	Photocopy obtained	Verified
a. National ID	<input type="checkbox"/>	<input type="checkbox"/>
b. Passport	<input type="checkbox"/>	<input type="checkbox"/>
c. Birth Registration Certificate	<input type="checkbox"/>	<input type="checkbox"/>
d. Others :	<input type="checkbox"/>	<input type="checkbox"/>

9. For Non-Resident & Foreigners :

a. Type of Visa : Resident Work
Validity (if applicable) :

b. Have photocopy of work permit and approval from Appropriate Authority (where applicable) been obtained to open the Bank Account?
 Yes No

10. Is/Are the Applicant(s) Politically Exposed Person(s) (PEPs)/Influential Person(s) (IPs)/Head of International Agency(s) or High ranked Official(s)/ family member(s)/Close Associate(s) as per BFIU Guideline? Yes No

- If Yes
- a) Has approval been obtained from Appropriate Authority? Yes No
 - b) Was any face to face interview held with the Applicant(s)? Yes No

11. In accordance with relevant laws, rules and circulars, it is a mandatory requirement for Banks to ensure the screening of Applicant's name against the persons or entities listed under United Nations Security Council Resolutions as suspects involved in terrorism, terrorist acts and proliferation of weapons of mass destruction and the sanctioned lists (as provided by OFAC, UK, EU and the Government of Bangladesh) while opening a new account/establishing a new relationship.

- a. Has the screening of Applicant's name been performed? Yes No
- b. Has a printed copy of screening result been preserved with the AOF? Yes No
- c. Has there been any match of customer's name against sanctioned lists? Yes No

d. If Yes, then describe the action taken :

Initial of Assigned Officer

Initial of BOM/BRM

12. Risk Grading

a. Goods/Services Risk

Type of Goods/Services	Risk Score
FD	3

c. Geographical Risk

Non-Residency Risk

Type of Applicant	Risk Score
Resident Bangladeshi	1
Non-Resident Bangladeshi	2
Foreign Citizen	3

d. Line of Work or Line of Business Risk

Sl. No.	Line of Work	Risk Score
1	Pilot/Flight Attendant	5
2	Trustee	5
3	Professionals (Journalist, Lawyer, Doctor, Engineer Chartered Accountant etc.)	4
4	Director (Private/Public Limited Company)	4
5	Higher Official of Multinational Company (M.N.C.)	4
6	Housewife	4
7	Information Technology (IT) Sector professional	4
8	Sports Person/Media Celebrity/Producer/Director	4
9	Freelance Software Developer	4
10	Government Service Holder	3
11	Landlord/House Owner	3
12	Private Service holder (Managerial role)	3
13	Teacher (Government/Private/Autonomous Educational Institute)	2
14	Private Service Holder	2
15	Self-Employed	2
16	Student	2
17	Retired	1
18	Farmers/Fisherman/Labour	1
19	Others (Specify)	1-5

Sl. No.	Line of Business	Risk Score
1	Jewelry/Gems/Precious Metal	5
2	Money Changer/Courier Service/Mobile Banking Agent	5
3	Real Estate Developer/Agent	5
4	Construction Project Promoter/Contractors	5
5	Art & Antique Dealer	5

b. Onboarding/Channels Risk

Type of Onboarding	Risk Score
By Relationship Manager/Branch	2
By Direct Sales Agent	3
Internet/Non Face to Face	5
Walk-In	3

For Foreign Citizens only

Risk based on Place of Birth/Residential Status	Risk Score
Is the country of nationality of the Customer included in FATF's jurisdiction under increased monitoring and high-risk jurisdictions subject to a call for action or is the customer sanction listed under UN or any other Sanction List	
Yes	5
No	1

Sl. No.	Line of Business	Risk Score
6	Restaurant/Bar/Night Club/Parlor/Residential Hotel	5
7	Import/Export & Import/Export Agent	5
8	Manpower Export	5
9	Arms Business	5
10	Garments Business/Garments Accessories/Packaging/Buying House	5
11	Share/Stock Dealer, Broker, Portfolio Manager, Merchant Banker	5
12	Software/Information and Technology Business	5
13	Offshore/Non-Resident Corporation	5
14	NGO/NPO	5
15	Film Producer/Distribution Firm	5
16	Mobile Phone Operator/Internet or Cable TV Operator	5
17	Land/House Buy-Sell Broker	5
18	Insurance/Brokerage Agency	5
19	Religious Institute/Organization & Educational Institute	5
20	Trust	5
21	Petrol Pump/CNG Station	5
22	Ship Breaking	5
23	Bank/Leasing/Financing Company	4
24	Business (Indenting)	4
25	Business (Outsourcing)	4
26	Law Firm/Engineering Firm/Consultancy Firm	4
27	Electricity & Fuel Generating Company	4
28	Print & Electronic Media	4
29	Travel Agent/Tourism Company	4
30	Business with investment more than Tk. 1.00 crore	4
31	Chain Store/Shopping Mall	4
32	Freight/Shipping/Cargo Agent/C&F Agent	4

Initial of Assigned Officer

Initial of BOM/BRM

Sl. No.	Line of Business	Risk Score
33	Motor Car Business (New/Reconditioned)	4
34	Leather/Leather Goods	4
35	Construction Materials	4
36	Business Agent	3
37	Yarn/Garment Wastage	3
38	Transport Operator	3
39	Drug Manufacture and Distribution	3
40	Refrigeration (Cold Storage)	3
41	Advertisement	3
42	Service Provider	3

Sl. No.	Line of Business	Risk Score
43	Tobacco & Cigarettes	3
44	Amusement Park/Entertainment	3
45	Motor Parts Trader/Workshop	3
46	Poultry/Dairy/Fishing Firm	2
47	Agro Business/Rice Mill/Beverage	2
48	Small Business (Investment less than Tk. 50 Lac)	2
49	Computer/Mobile Phone Dealer	2
50	Manufacturer (Except Arms)	2
51	Others (Specify)	1-5

e. Relationship Risk

Type of Applicant	Risk Score
Is/Are the Applicant(s) PEPs/IPs/Head of International Agency(s) or High ranked Official(s) as per BFIU Guideline?	
No	0
Yes	5

Type of Applicant	Risk Score
Is/Are the Applicant(s) member(s) of Family/Close Associates of PEPs /IPs/Head of International Agency(s) or High ranked Official(s) as per BFIU Guideline?	
No	0
Yes	5

f. Transaction related Risk

Yearly Average Transactions of the Applicant	Risk Score
Less than Tk. 10.00 lac	1
From Tk. 10.00 lac to less than Tk. 50.00 lac	2
From Tk. 50.00 lac to less than Tk. 5.00 crore	3
Tk. 5.00 crore and above	5

g. Transparency related Risk

Particulars	Risk Score
Has/Have the Applicant(s) provided the reliable information on Source(s) of Fund?	
Yes	1
No	5

h. Overall Risk Assessment

Item Sl. No.	a	b	c	d	e	f	g	Total	Risk Rating
Score obtained									<input type="checkbox"/> High <input type="checkbox"/> Low

[Overall Risk Rating will be 'High' for Total Risk Score > = 15 and 'Low' for Total Risk Score < 15]

If Applicant is rated High with score Lower than threshold :

Under subjective consideration and based on other risks including Beneficial Owner, the customer is categorized into 'High Risk' though the risk score is less than 15. The details of the assessment are :

13. Gender Type of the Account (based on Beneficial Ownership)

Majority Share holding : Women Men

Prepared by
(Assigned Officer)

Verified & Approved by
(Branch Manager/BAMLCO)

Signature & Date

Signature & Date

Name & Designation Seal

Name & Designation Seal

Approved by CAMLCO/Designate
(For PEP/IP/High ranked Official of International Agency)

Signature & Date

Name & Designation Seal

14. Next KYC Review Date

Note : Next KYC 'Review Date' to be calculated on the basis of Risk Rating (High/Low or any other criteria) of the account as per Bangladesh Bank guidelines.

Form for Reporting SBS-2 Return

Depositor's Information (SBS-2 Reporting)

Profession : Sector Code
(See Page 126 of Guidelines of SBS-1, 2 & 3 Returns)

Type of Account : Type of Deposit Code
(See Page 127 of Guidelines of SBS-1, 2 & 3 Returns)



Initial of Assigned Officer

Initial of BOM/BRM





CRED-049/B

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