

Customer code

....., Date...../...../20.....

APPLICATION FOR BANK ACCOUNT OPENING (For Individual customer)

Please fill the information in the blanks and check (✓) where applicable.

I. ACCOUNT HOLDER'S INFORMATION AND ACCOUNT DETAILS:

1. ACCOUNT DETAILS			
Currency:	<input type="checkbox"/> VND	<input type="checkbox"/> USD	<input type="checkbox"/> Other:...
Type of account:	<input type="checkbox"/> Current account: <input type="radio"/> Privilege <input type="radio"/> Entrepreneur <input type="radio"/> eBIZ <input type="radio"/> Regular <input type="radio"/> Student <input type="radio"/> Eco <input type="radio"/> EcoPlus <input type="radio"/> Other:..... <input type="checkbox"/> Term deposit	<input type="checkbox"/> Current account: <input type="radio"/> Regular <input type="checkbox"/> Term deposit	
Applying for a new card:	<input type="checkbox"/> International debit card: <input type="radio"/> Business Platinum Visa <input type="radio"/> Privilege Visa Platinum Debit <input type="radio"/> JCB Debit <input type="radio"/> Visa Debit <input type="radio"/> MasterCard Debit <input type="checkbox"/> Domestic debit card		
2. ACCOUNT SERVICE REGISTRATION			
Services	Register	Not register	
a. Digital banking service registration –ACB Online	<input type="checkbox"/> OTP Basic SafeKey <input type="checkbox"/> OTP SMS	<input type="checkbox"/>	
b. Activate Debit card	<input type="checkbox"/>	<input type="checkbox"/>	
c. Using fingerprint(s) for account transactions	<input type="checkbox"/>	<input type="checkbox"/>	
d. Notification of changes in balance: - By SMS: <i>fee is collected as Consumer Banking Division Tariff and the notification is applied for transaction with amount from 100.000 VND / transaction.</i> - By Notification on MBA/Email: <i>free of charge</i>	<input type="checkbox"/> Notification on MBA/Email <input type="checkbox"/> SMS	<input type="checkbox"/>	
e. Payment via contact center 247	<input type="checkbox"/>	<input type="checkbox"/>	

II. ACCOUNT HOLDER'S INFORMATION:

<ul style="list-style-type: none"> ▪ Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms Full name: ▪ DOB (dd/mm/yy): .../... /..... Citizenship: <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident ▪ Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single ▪ ID verification: <input type="checkbox"/> ID Card <input type="checkbox"/> Resident card <input type="checkbox"/> Passport ▪ No.: Issuance date: .../... /.... Expiry date:.../... /.... Place of issuance:..... ▪ Entry visa No.: Issuance date: .../... /.... Expiry date: .../... /.... Place of issuance:..... ▪ Mobile phone number: Landline phone number: ▪ Email address:..... ▪ Permanent address:..... ▪ Mailing address:..... ▪ Company's name:..... Company's address:.....

- Occupation: Position: Taxpayer Identification No:
- Household income per month(*): Under VND 10 Mil From VND 10 – 30 Mil
 From VND 30 – 45 Mil From VND 45 – 100 Mil From VND 100 Mil
- Main source of income from (*): Salaries and wages Investment/ Business Savings

(*) Providing this information helps us serve you better and provide you with relevant services and products.

III. INFORMATION OF OVERSEAS TRUST:

I am making this application on behalf of someone overseas: Yes No

Information of overseas trustee:

Full name/ Trustee:.....

Address:.....

Passport No.: Issuance date: .../.../..... Expiry date: .../.../.... Place of issuance:.....

Nationality:..... Taxpayer Identification No.:..... Place of issuance:

Business certification number Place of issuance:

Nation where company is established: Landline phone number:.....

E-mail address:

VI. CONFIRMING AND IDENTIFYING U.S. CITIZENS UNDER FATCA:

1	A holder of U.S. permanent resident card/green card	<input type="checkbox"/> No <input type="checkbox"/> Yes Green Card No.:	2	Authorized for who has address in the U.S	<input type="checkbox"/> No <input type="checkbox"/> Yes
3	Have permanent address in the U.S.	<input type="checkbox"/> No <input type="checkbox"/> Yes	4	Place of Birth in the U.S.	<input type="checkbox"/> No <input type="checkbox"/> Yes
5	Have Authorization Letter from an individual / organization in the U.S.	<input type="checkbox"/> No <input type="checkbox"/> Yes	6	Telephone number in the U.S.	<input type="checkbox"/> No <input type="checkbox"/> Yes
7	Have designated for the Bank periodically transfer funds to an account which is opened in the U.S.				<input type="checkbox"/> No <input type="checkbox"/> Yes
<input type="checkbox"/> I am U.S citizen(s) and liable for tax assessment in the US. I hereby agree to sign on the relevant tax forms requested by ACB. I also allow ACB to provide my account information to relevant authorities under laws and regulations. <input type="checkbox"/> I am NOT U.S citizen(s) and NOT liable for tax assessment in the U.S. I hereby agree to provide documentary proof to validate my tax status. I/We also allow ACB to provide my account information to relevant authorities under laws and regulations.					

- I request to use mobile phone number and email address given in this Application to apply for services: “Receiving online banking password”, “Receiving OTP SMS”, “Receiving active app Safekey” and “Notifying changes in the account balance”, “3D secure” and “Receive account statement”.
- I confirm that all the information provided herein is accurate and correct. I have carefully read, understood and accepted the terms and conditions as specified at “Terms and conditions of opening account, debit card and service”, have been advised and agreed the fees related to this Application, confirmed having received copies of the aforesaid documents. I understand that my account, card and service relationship will be regulated by those terms and conditions with which I agree to comply.



V. CONFIRMING INFORMATION AND SPECIMEN SIGNATURES

Account holder	
First specimen signature (Signature and full name)	Second specimen signature and full name (Signature must match with the first specimen signature)

FOR BANK USE ONLY	
Attended by (Signature and full name)	Approved by (Signature and full name)
<input type="checkbox"/> Verified customer's ID documents <input type="checkbox"/> Done KYC verification <input type="checkbox"/> Other:.....	

