



# Account Opening Application Form

**Personal Account**

Current Account

Savings Account

Deposit Account

    Three Months Notice

    Six Months Fixed Deposit

    One Year Fixed Deposit

    Two Year Fixed Deposit

    Three Year Fixed Deposit

Debit Card

Other: *Please specify*

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**Islamic Account**

Current Account

Deposit Account

    Three Months Notice

    Three Months Fixed Deposit

    Six Months Fixed Deposit

    One Year Fixed Deposit

Other: *Please specify*

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**(FOR UNB INTERNAL USE ONLY)**

Branch Name:

A/c No.  -  -

APEX No.

Date:

Account processed by:

Input by

Tax  Currency

R85  Joint Account

R105

# FIRST APPLICANT (Please complete all section in BLOCK Capitals)

1. Title and Surname Mr/Mrs/Miss/Ms

2. Forenames

3. Home Address   
  
Post Code

4. Home Phone number (including code)

Mobile number (including code)

5. Email Address

6. Date of Birth

7. Nationality  8. Country of Birth

9. Place of Birth (town/city)

10. Do you have any other accounts with United National Bank?  Yes  No  
If yes, please state account number

11. Security Questions?  
10.1 QUESTION 1 Mother's Maiden Name Answer 1   
10.2 QUESTION 2 Name of First School Answer 2   
10.3 QUESTION 3 Favourite Famous Person Answer 3

12. Name on Debit Card

13. Tick the box that applies to you  Home owner  Living with parents  Rented  Other

14. Date of Entry to this address (Eg.,01/06/2005)

if less than 3 years, please tell us your last address   
  
Post Code

*Please attach a separate sheet if you have lived in more than 2 addresses in the last 3 years and state dates of entry.*

15. Tick the box that applies to you  Single  Married  Divorced or Separated  Widowed  Other

16. Country of Permanent residence

17. Are you ordinarily resident in the UK for Tax purposes Yes  No

Please ask us about payment of interest without deduction of tax (applicable for under 16 and over 65 years) You have to fill in a declaration form (R105) in case you want to receive interest without deduction of tax

18. Tick the box that  
Employed  Self-employed  Unemployed   
Student  Retired  Housewife  Other

# SECOND APPLICANT (Please complete all section in BLOCK Capitals)

1. Title and Surname	Mr/Mrs/Miss/Ms	<input type="text"/>
2. Forenames	<input type="text"/>	
3. Home Address	<input type="text"/>	
	Post Code	<input type="text"/>
4. Home Phone number (including code)	<input type="text"/>	
Mobile number (including code)	<input type="text"/>	
5. Email Address	<input type="text"/>	
6. Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7. Nationality	<input type="text"/>	8. Country of Birth <input type="text"/>
9. Place of Birth <small>(town/city)</small>	<input type="text"/>	
10. Do you have any other accounts with United National Bank?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If yes, please state account number</i>	<input type="text"/> - <input type="text"/>	
11. Security Questions?		
10.1 QUESTION 1	Mother's Maiden Name	Answer 1 <input type="text"/>
10.2 QUESTION 2	Name of First School	Answer 2 <input type="text"/>
10.3 QUESTION 3	Favourite Famous Person	Answer 3 <input type="text"/>
12. Name on Debit Card	<input type="text"/>	
13. Tick the box that applies to you	<input type="checkbox"/> Home owner	<input type="checkbox"/> Living with parents
	<input type="checkbox"/> Rented	<input type="checkbox"/> Other
14. Date of Entry to this address (Eg.,01/06/2005)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
if less than 3 years, please tell us your last address	<input type="text"/>	
	Post Code	<input type="text"/>
<i>Please attach a separate sheet if you have lived in more than 2 addresses in the last 3 years and state dates of entry.</i>		
15. Tick the box that applies to you	<input type="checkbox"/> Single	<input type="checkbox"/> Married
	<input type="checkbox"/> Divorced or Separated	<input type="checkbox"/> Widowed
	<input type="checkbox"/> Other	
16. Country of Permanent residence	<input type="text"/>	
17. Are you ordinarily resident in the UK for Tax purposes	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Please ask us about payment of interest without deduction of tax (applicable for under 16 and over 65 years)	You have to fill in a declaration form (R105) in case you want to receive interest without deduction of tax
18. Tick the box that	Employed <input type="checkbox"/>	Self-employed <input type="checkbox"/>
	Student <input type="checkbox"/>	Retired <input type="checkbox"/>
	Unemployed <input type="checkbox"/>	Housewife <input type="checkbox"/>
	Other <input type="checkbox"/>	

## First Applicant *((B) For employed and self-employed applicants)*

1. Your Occupation
2. Your employer's name and address (or your business name and address if you are Self Employed)  
  
  
Post Code
3. Daytime Phone no. (including code)
4. How long have you been with the present employer or in your business?  
 Years  Months
5. How is your salary paid?  Direct into your bank  by cheque  in cash
6. What is your annual gross income? in £'s

## Second Applicant *((B) For employed and self-employed applicants)*

1. Your Occupation
2. Your employer's name and address (or your business name and address if you are Self Employed)  
  
  
Post Code
3. Daytime Phone no. (including code)
4. How long have you been with the present employer or in your business?  
 Years  Months
5. How is your salary paid?  Direct into your bank  by cheque  in cash
6. What is your annual gross income? in £'s

## To be completed by Applicant A and B *(if applicable)*

### First Applicant

I/we have received and read the terms and conditions governing operation of this account.

Special instructions for Joint Accounts

Account to be operated by:  Anyone  Jointly

### ALL AUTHORISED SIGNATORIES MUST SIGN

Full Name

Signature

### Second Applicant

I/we have received and read the terms and conditions governing operation of this account.

### ALL AUTHORISED SIGNATORIES MUST SIGN

Full Name

Signature







# United National Bank SIGNATURE CARD

Date / /

A/C Number																			
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TITLE OF A/C

ANYONE SIGN		SIGNED JOINTLY	
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NAME	SIGNATURE

SPECIAL INSTRUCTIONS:



# United National Bank SIGNATURE CARD

Date / /

A/C Number																			
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TITLE OF A/C

ANYONE SIGN		SIGNED JOINTLY	
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NAME	SIGNATURE

SPECIAL INSTRUCTIONS: