



**APPLICATION FOR OPENING OF FOREIGN CURRENCY
RELATED ACCOUNTS
(Individual)**

Date _____

TO BE FILLED BY THE BANK'S STAFF

Account Number

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Retention Account Number 'B'

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One or Two Passport
Size Photograph

TO BE FILLED BY APPLICANT

1) Account Category

- | | | | |
|--|--------------------------|--|--------------------------|
| Foreign Currency Account-Diaspora /QARD | <input type="checkbox"/> | Transferable Birr Account-Nonresident/QARD | <input type="checkbox"/> |
| Foreign Currency Account-Nonresident /QARD | <input type="checkbox"/> | Non-Transferable Birr Account-Nonresident/QARD | <input type="checkbox"/> |
| Non-Repatriate-able Saving Account | <input type="checkbox"/> | Retention Account- Non-accessible using Check | <input type="checkbox"/> |
| Hawala Saving Account | <input type="checkbox"/> | Foreign currency saving Account/Wadia'h saving | <input type="checkbox"/> |
| Others (Specify) _____ | <input type="checkbox"/> | | |

2) Personal Information of Applicant

Full Name (With Title) _____ **TIN (If any)**

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Date of Birth DD/MM/YYYY

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 Place of Birth _____ Sex M F

Nationality _____ Marital Status Single Married Other _____

Permanent Add. (Abroad) _____

Country _____ City _____

Region Middle East Neighboring Country Other _____

Current Add. _____

Country Region City Sub City Woreda H. No Telephone

Form ID

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FOR FUND TRANSFER PLEASE USE OUR SWIFT CODE DASHETAAXXX
For more information you may contact us via Email ID: fundtransfer@dashenbanksc.com
moneytransfer@dashenbanksc.com

FAX

Email

Website

ZIP Code

Telephone (Office)

P.O.Box

ID

Type

Number

Issuer

Issue Date

Expiry Date

Occupation

- Government Sector Employee Unemployed International Organization Employee
- Private Sector Employee Diplomat Housewife
- Self-employed Religious Organization Employee NGO Employee
- Student Retired Other _____

Name of Employer _____ Profession _____ Position Held _____

Address of Employer in Full _____

Monthly Income (converted with the exchange rate at the opening date)

- 0-650 Birr 50,001-100,000 Birr 200,001-250,000 Birr
- 651-25,000 Birr 100,001-150,000 Birr
- 25,001-50,000 Birr 150,001-200,000 Birr
- If >250,000, Please Specify _____

3) Please choose the Alternate channel services you would like to haveAmole Mobile/Internet Banking SMS Banking **4) Please choose language for SMS Service**Amharic English Somali Afan Oromo Tigrinya **5) Initial Deposit**In Cash By Cheque Transfer Other Amount _____**6) Cheque Requisition (If only TIN certificate presented)**Cheque Category 25 50 100**7) How did you hear about the Bank?**

TV Advertisement Newspaper Advertisement Customer referral

Radio Advertisement Customer relationship personnel Other (Specify) _____

Form ID

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moneytransfer@dashenbanksc.com

8) **Which Media of communication is suitable for your ongoing relationship with the Bank**

Telephone SMS Email P.O. Box Other (specify) _____

9) **Specimen signature**

I authorize the Bank to recognize and honor the specimen signature appearing below as a valid discharger for all transactions of the account opened as per this application in my name. It is agreed that all transactions between the Bank and the undersigned shall be governed by the rule and regulations of the Bank.

Specimen Signature

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Additional Notices for Account Holders

1. If your account does not show any movement for six months, the account will be considered as dormant and be transferred to Inactive Accounts.
2. If the account doesn't show any movement for more than 15 months, the balance in the account will be transferred to the National Bank of Ethiopia.
3. If the A/C shows zero balance for consecutive 3 months, the A/C will be closed.
4. If the balance in each inactive account is less than birr 200, a charge of birr 20 will be deducted at the end of every six months, and if the balance is birr 20 or less, the whole balance thereof will be charged and the account will be closed. In this case the customer should return the remaining cheque leaves to the Bank.
5. The bank will dispatch statement of account monthly and for inactive accounts every six months.
6. A cheque drawn against insufficient funds shall entail penalties as per the prevailing (current) NBE's directives.
7. Foreign currency account will be closed if the fund transferred to the account is found to be through money laundering or from terrorist financing services.
8. Non-resident Ethiopian and non-resident Ethiopian origin has an obligation to report to the bank in which its account is maintained up on permanent return to Ethiopia.
9. When an Account holder violates the provisions of the NBE's Directives, the opening bank may suspend the account and immediately report the case to NBE.
10. The Bank may send SMS alert to provide information on transactions. The service is provided "As available" without making any further investigation and doesn't warrant its fitness for another purpose. The Bank doesn't warrant that this service will always be uninterrupted or the information provided is accurate and current at the time it is received.
11. The Bank reserves itself the right to alter or add to these rules at any time.
12. The remaining balance in Forex Retention Account 'B' will be automatically transferred to any of local currency account of the account owner upon expiry (28 days from the initial credit entry of the transaction).

Confirmation: - a) I, the applicant, confirm with my signature that no Diaspora foreign currency current account(s) is maintained with other Domestic Bank and further confirms that I refrain from depositing cash note with different branch of the bank or more than one bank for single trip. (Non-resident Ethiopian and non-resident Ethiopian origin only)

b) I hereby confirm the above information and statement are correct and true. I am aware of the criminal and civil liability for mal-operation of accounts.

Applicant(s) signature(s) or Full figure print _____

Form ID

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TO BE FILLED BY THE BANK'S STAFF

I) Approval of Account Opening

Designation	Signature	Date	Time
Maker		<input type="text"/>	<input type="text"/>
Delinquent List checked by (Checker) (For Current Account only)		<input type="text"/>	<input type="text"/>
Sanction List checked By (Checker)			
Checker (Approved By)		<input type="text"/>	<input type="text"/>
Internal Control Officer		<input type="text"/>	<input type="text"/>

Deferral/Waiver of a document (if any) Authorized by Name _____

Document Type _____ Signature _____ Date _____

II) Important Remarks (If any) of the checker

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