



ACCOUNT OPENING FORM

Account No:

1	0	3	6	0	0	6	7	9	9	1	7	4	0	0	1
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Individual

First Abu Dhabi Bank PJSC is licensed and regulated by the Central Bank of the United Arab Emirates. Its registered office address is P.O. Box 6316, Abu Dhabi, United Arab Emirates.

Please complete in BLOCK CAPITALS. All fields marked(#) are mandatory. Put N/A in any fields that are not applicable.

Account Title# FIROZE PASHA MOHMD MOHMED KHADAR PASHA Date: 17/03/2025

Account Type#:

Current Call Savings FAB One Etihad Guest Elite Savings Elite Current
 Etihad Guest Elite Others: _____

Etihad Guest No.: _____

Account Nature#: Individual Joint Minor Others _____

Account Currency#: AED USD Others _____

Account Services#: Cheque Book: Yes No Debit Card Yes No

First Applicant Details:

Account Number of any other account with First Abu Dhabi Bank _____

Name as it should appear on the debit card FIROZE PASHA MOHMED

Basic Information#:

Full Name (as per Emirates ID*): FIROZE PASHA MOHMD MOHMED KHADAR PASHA

Nationality: India Country of Residence: United Arab Emirates

Date of Birth: 25/12/1983 Residence Status: Resident Non Resident Gender: Male Female

Secondary Nationality N/A

*As per Passport for Non-resident/New to country customers

Identification Details#:

Passport No.: Not Required Passport Expiry Date: Not Required

Residency Visa No.: 201/2019/2/610324 Visa Expiry Date: 28/08/2025

Emirates ID No.: 784198321521654 EID Expiry Date: 28/08/2025

Contact Details#: *Address for communication purposes

P.O. Box: N/A Office/Department name: N/A

Area/Landmark: N/A Villa/Flat No: N/A

City: N/A Emirate: N/A

Country: N/A

Mobile No: 0585862407

Email: kshaikh151989@gmail.com

Residential Address#:

Building Name: Al buhaira Street Name: al nahda sharjah

Area/Landmark: AL QOUZ INDUSTRIAL Villa/Flat No: 3011

City: DUBAI Emirate: DUBAI

Country: United Arab Emirates P.O.Box/ Postal Code/Zip Code: 00000

Overseas/Home Country Address#: (UAE Nationals should only complete the below if it is different from the residential address)

Address Line 1: NA lokhande marg chembur

Address Line 2: NA

Emirates/City: mumbai Country: India

Postal Code/ Zip Code: N/A

Are you or an immediate family member, close friend or business relation in a politically exposed position (PEP)?

- Yes – Local PEP Yes – Foreign PEP No

Examples of PEP:

- Heads of state or government ministers
- Members of parliament or the governing body of a political party
- Ambassadors or chargé d'affaires
- High ranking officers in the armed forces
- Members of supreme courts, constitutional courts or other-high level judiciaries
- Members of courts of auditors or of the boards of central banks
- Members of the administrative, management or supervisory bodies of state-owned enterprises
- Members of the board of international organisations

If your residence visa was issued for 5 years or longer, please provide the following information:

1. Did you obtain UAE tax residency under a residency by an investment scheme? Yes No

2. Are you a resident in any other jurisdiction(s)? Yes No

If Yes, Please specify the Jurisdictions

A. _____

B. _____

C. _____

3. In which jurisdiction(s) were you subject to personal income tax during the previous calendar year?

A. _____

B. _____

C. _____

Customer Profile-Individual#

Purpose of the account	Savings
Employment status	<input checked="" type="radio"/> Salaried <input type="radio"/> Self-Employed <input type="radio"/> Dependent Relative <input type="radio"/> Pensioner Specify industry for Self-Employed
Source of income that will be credited into the account (Monthly AED)	<input checked="" type="radio"/> Salary*: 8000 <input type="radio"/> Business**: _____ <input type="radio"/> Others(please specify): _____
Profession	ADVERTISING DESIGNER
*Specify employer	Elan Advertising
Employment start date	N/A
**Specify company name and provide copy of trade license	
Expected type of account activity	<input type="radio"/> Cash <input type="radio"/> Cheque <input type="radio"/> Transfers <input checked="" type="radio"/> All
Estimated amount turnover in the account (Yearly AED) 50000.00	Estimated transaction count in the account per month 50 - 100 TRANSACTIONS

Declaration for Minor Account(s)

I hereby acknowledge and agree that the legal or court-appointed guardian of the minor ("Guardian") may operate an account for the benefit of a Minor and the Guardian will accept the General Terms and Conditions for Accounts (Version 2.0 – February 2022 which can be found at www.bankfab.com) (the "General Conditions") in the Guardian's own name and on behalf of and in the name of the minor. By signing below, the Guardian requests that the Bank open the account (s) for the minor child.

The Guardian may request for the Debit Card to be sent by post or courier to the address notified by the Guardian to the Bank and delivered to the minor cardholder, at the Guardian's responsibility. Upon receipt of the Card, the minor cardholder shall sign to confirm the receipt of the debit card and such signature and/or Card activation by the Guardian and/or use of the Card will constitute binding and conclusive evidence of the Guardian's confirmation to have received the card and to be bound by the General Conditions, notwithstanding that the Bank is not notified of the cardholder's receipt of the Card.

Confidential Information Declaration

1.1 I hereby consent to the Bank disclosing any information relating to me that is, as a matter of law or contract, confidential in nature ("**Confidential Information**"), on a confidential basis:

- (a) to any Bank branch, subsidiary or other person controlled by the Bank, or any person under common control with the Bank, in each case, whether directly or indirectly and whether inside or outside the United Arab Emirates;
- (b) to any agent, adviser, banker, broker, correspondent, dealer, nominee, market professional, contractor, vendor (including its subcontractors), custodian or other third party (a "**Delegate**") that the Bank may appoint to provide any product or other service offered by the Bank (a "**Service**"), or facilitate the provision by the Bank of a Service to me, directly or indirectly or to remain competitive, in each case, to the extent necessary to enable the Bank to provide Services to me, directly or indirectly;
- (c) to any professional adviser of the Bank;
- (d) to any exchange, depository, clearing house or settlement system, swap data repository or trade repository (whether local or global), where the Bank or a Delegate is required to disclose such Confidential Information;
- (e) to any actual or potential permitted transferee or assignee (or, in each case, any of their agents or professional advisers) of the Bank's rights and obligations under the General Conditions or any terms and conditions governing a specific Service, which are supplemental to the General Conditions ("**Specific Conditions**") or in connection with any business transfer, disposal, merger or acquisition undertaken by the Bank;
- (f) to any rating agency, insurer or insurance broker, or direct or indirect provider of credit protection to the Bank in connection with the Services provided by the Bank;
- (g) to the Etihad Credit Bureau, any other authorised credit reference agency or credit bureau or the Emirates Integrated Registries Company, and I fully acknowledge the consequences of such disclosure on my ability to access future financial products or services, whether from the Bank or any other party;
- (h) as required by any applicable law;
- (i) as required by any court, tribunal, regulatory, supervisory, tax, sanctions, governmental or quasi-governmental authority having jurisdiction over the Bank or that the Bank reasonably believes has jurisdiction over me;
- (j) to any listed company or other type of entity (or its agent or nominee) in which I have an interest in securities which are held by the Bank as my nominee in circumstances where the Bank is obliged to disclose such Confidential Information as the holder, legal owner of record or custodian of those securities;
- (k) as may be required in order to preserve or enforce any of the Bank's rights or remedies against me; or
- (l) as otherwise specified in the General Conditions or in any Specific Conditions.

1.2 I authorise the Bank to obtain information, on an ongoing basis, from the Etihad Credit Bureau, the Emirates Integrated Registries Company, the Central Bank of the United Arab Emirates, banks and other financial institutions, my employer, references or any other body as the Bank deems appropriate, about my financial and non-financial affairs which includes but is not limited to the details of my banking facilities, financial position, income, contact information and any other information relating to me (including personal data) which the Bank deems appropriate without any reference to me.

1.3 To comply with certain of its legal or regulatory obligations, I authorise the Bank to centralise the processing of my information in one or more locations inside or outside the United Arab Emirates.

1.4 I agree to the processing and disclosure of my information in accordance with this declaration and to the transfer by the Bank, or its Delegates on the Bank's behalf, of my information to another country or countries for processing on behalf of the Bank. In this context, I acknowledge that my information may be accessed under legal proceedings outside the United Arab Emirates in such circumstances.

1.5 If there is any conflict or inconsistency between this declaration and the General Conditions, the General Conditions shall prevail to the extent of that conflict or inconsistency.

Customer Declaration

- I hereby apply for the account described herein and confirm that I have read and understood and hereby agree to, the General Terms and Conditions for Accounts (February 2022 - Version 2.0 - English) (the "General Conditions") of First Abu Dhabi Bank PJSC (the "Bank"), which can be found at <https://www.bankfab.com/-/media/fabgroup/home/personal/terms-and-conditions/fab-general-terms-and-conditions-for-accounts.pdf?view=1>
- I understand and expressly agree that the Bank may unilaterally vary the terms and conditions applicable to our relationship by notice to me in accordance with the General Conditions.**
- I acknowledge that I have read and understood and hereby agree to the terms of the Bank's privacy statement (which can be found at <https://www.bankfab.com/en-ae/privacy-policy>) (the "Privacy Statement") which explains how the Bank uses and discloses my personal data and my privacy rights.
- I hereby consent to the use of my personal data in accordance with the Privacy Statement. I acknowledge that the Bank will use my personal data in order to provide me with the financial services and products requested herein. I understand that I may withdraw the consent to the use of my personal data at any time however I understand that any such withdrawal of consent will not affect the validity of any prior use of my personal data by the Bank and that the Bank may continue to use my personal data in connection with its business operations.
- I hereby consent to the disclosure of my Confidential Information in accordance with the General Conditions and the declaration set out herein.
- I hereby consent to the Bank (or any delegate of the Bank) visiting me at my place of residence or employment.
- I acknowledge that I have read and understood the key facts statement related to the financial services and products requested herein (which can be found at <https://www.bankfab.com/en-ae/personal/key-facts-statements?view=1>) and I hereby consent to any conflicts of interest expressly disclosed by the Bank therein.
- (OPTIONAL) I wish to receive marketing and promotional material (by sms/email) related to the Bank's products and services that the Bank considers may be of interest to me. I understand that I may withdraw the consent to such marketing and promotion at any time.

Customer Signature

Customer Signature

FIROZE PASHA MOHMD MOHMED KHADAR PA

Name

Signature Requirements#: Single Joint Power of Attorney Others _____

For Bank Use Only

Segment: Mass Branch Code: 103 DAO Code: _____

Sign in my presence(Employee ID/Stamp): _____

CSO/RM/RO Signature: Employee ID/Stamp: Date: _____

Approved by: Signature: Date: _____

PART 3: Jurisdiction of Citizenship (U.S. FATCA) (in BLOCK CAPITALS)

I am a U.S. Person for tax purposes and my U.S. Taxpayer Identification Number (e.g. TIN, social security number) is:

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I am not a U.S. Person of tax purposes

PART 4: Declaration and Signature (in BLOCK CAPITALS)

I hereby certify that the information I have provided in this form is true, correct and complete in all respects. I confirm that I have provided the information in this document willingly without advice or help from the Bank. I understand that providing false information, withholding relevant information or responding in a misleading way, may result in rejection of my application or other appropriate action taken against me. I further certify that, if any information provided on this form changes, I will inform you within 30 days of such a change.

I hereby consent to the Bank using, processing, reporting and transferring information about me, my relationship with the Bank (including information about my accounts and other banking products related to the accounts) and my financial affairs to any governmental authority (e.g. tax authorities, ministries, central banks, regulators) or third party as may be required by, or in connection with, any law, regulation or agreement with any governmental authority in the country where the Bank maintains my accounts (which may then pass that information to the tax authorities in another country) or in other countries (such as the United States) as may be required by the foregoing.

Note: In the case of joint account holders, each Account Holder must complete a separate form.

Print Name: FIROZE PASHA MOHMD MOHMED KHADAR PA

Signature: 

Date: 17/03/2025

Note: If you are not the Account Holder, please indicate the capacity in which you are signing the form. If signing under a power of attorney, please also attach a copy of the power of attorney

Capacity: _____