



Account Opening Form Supplement

This form must be completed by any Individual who wishes to open a loan/deposit account
(Please complete in BLOCK LETTERS)

Name	:	_____
Country of Residence	:	_____
Country of Birth	:	_____
Please check '✓' Yes or No for each of the following questions:		
		Yes / No
1	Are you a U.S. Resident?	<input type="checkbox"/> <input type="checkbox"/>
2	Are you a U.S. Citizen?	<input type="checkbox"/> <input type="checkbox"/>
3	Do you hold a valid U.S. Permanent Resident Card (Green Card)?	<input type="checkbox"/> <input type="checkbox"/>

I hereby confirm the authenticity of Information provided above.

Subject to relevant regulatory requirements, I hereby give my consent that SFIL or any of its subsidiaries (collectively SFIL) may disclose my information to Bangladeshi or foreign regulators, including tax authorities, as necessary to ascertain my tax liability in any jurisdiction.

I further consent and agree that, SFIL may withhold from my account(s) such amounts as may be required by applicable laws, regulations and/or directives issued by relevant Bangladeshi or foreign regulators or tax authorities.

I undertake to notify SFIL within 30 calendar days of any changes in the information provided by me during opening the account.

Signature : _____

Date : _____



SFIL FINANCE PLC.

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