



Sèvis Finansye  
**Fonkoze**

Branch name .....
Account number # .....
<input type="checkbox"/> New account
<input type="checkbox"/> Updating existing account

**ACCOUNT OPENING FORM-INDIVIDUAL**

**CLIENT**

Last name:		First name:		Middle name if any:	
Apartment #:			House #:		
Street:				State:	
City:	Zip code:	Country:	Years at this address:		
Address on the ID card:					

**PROFESSIONAL STATUS**

Title:			Employer:		
Office address:			Street:		
State:	City:	Country:	Zip code:		
Work email address:		Work phone number:		Extension # :	Fax :
Source of Revenue: <input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Gifts <input type="checkbox"/> Pensions <input type="checkbox"/> Transfers <input type="checkbox"/> Family					
# of years in position :	Profession:	Professional Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Independent <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Self-employed			

**IDENTIFICATION**

Passport # :		ID :	Drivers License :		
Personal Phone # :		Personal email:		Would you like to receive <input type="checkbox"/> Yes <input type="checkbox"/> No emails from us ? :	
Nationality:		Country of residence:		Professional Sector:	
Date of Birth:		Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth :		<input type="checkbox"/> Resident <input type="checkbox"/> Non resident
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Partnership					Home Owner <input type="checkbox"/> Yes <input type="checkbox"/> No
Housing Type: <i>Tip kay ou rete</i>	# of dependents			Cell Phone #	

**OTHER REQUIRED INFORMATION**

Are you an american citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If not, are you a citizen or resident of a country other than Haiti? <input type="checkbox"/> Yes, Please indicate:	
Permanent resident of the US	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Temporary resident of the US	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, full US address		US phone number	Cell : Home :
Do you intend to transfer funds To the US:	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, why and on which accounts? :	
		If yes, please indicate who has given you their mandate	
Surname:	First Name:	Date and place of birth:	
Full Address:			
Home phone:	Cell:	Signature of the person Filling out the form:	
Office phone:	Country of residence:		

<b>At which branch would you like to open your account?</b>		<b>How many signatures do you require for a withdrawal?</b> <input type="checkbox"/>	<b>Amount new account/ existing account</b>
		<b>Would you like to receive monthly account statements?</b> <input type="checkbox"/>	..... HTG .....USD

List of accounts	Account number by type					
	Account Number	Usage*	Account Number	Usage	Account Number	Usage
Checking Account HTG						
Checking Account USD						
Savings Account HTG						
Savings Account USD						

\*Personal or Professional uses

*I certify that all the information supplied is correct and acknowledge that it only applies to me. I authorize Sèvis Finansye FONKOZE, S.A to use any information they judge necessary for the opening of my account/ maintenance of the business relationship.*

**Signature :**

Signed in .....on.....

**SPACE RESERVED FOR SÈVIS FINANSYE FONKOZE, S.A**

Family relationship:  Yes  No

**Classification:**

<input type="checkbox"/> Central Administration <input type="checkbox"/> Local Administration <input type="checkbox"/> Public Non Financial Entreprises <input type="checkbox"/> Non Financial Enterprises with mixed public ownership <input type="checkbox"/> Non Financial Enterprises with mixed private ownership <input type="checkbox"/> Non Financial Enterprises <input type="checkbox"/> Minors	<input type="checkbox"/> Non Governmental Organisation <input type="checkbox"/> Local Bank <input type="checkbox"/> Non Bank Financial Institution <input type="checkbox"/> Foreign Bank <input type="checkbox"/> Établissements Financiers non Bancaires <input type="checkbox"/> Particuliers <input type="checkbox"/> Autres
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**Copies des documents recus et autres informations :**

<input type="checkbox"/> CIN <input type="checkbox"/> Passeport <input type="checkbox"/> Drivers License	<input type="checkbox"/> Marriage Certificate <input type="checkbox"/> Divorce Certificate <input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Tribunal Verdict <input type="checkbox"/> Proof of Residence <input type="checkbox"/> Other	<p><b>For minors</b></p> <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Passeport <input type="checkbox"/> Other Surname: Name: Age:
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Initials of Account Opener ..... Signature of account opener.....

Signature of Branch Director.....