

Account Opening Form

Date:			
Account Type:			
<input type="checkbox"/> Accounts Owner Name		<input type="checkbox"/> By The Agent <input type="checkbox"/> By the Guardian <input type="checkbox"/> By Authorization	
Account Owner Information		Agent and/or Guardian or authorizer information	
Name:		Name:	
Nationality: <input type="checkbox"/> Jordanian <input type="checkbox"/> Non Jordanian		Nationality: <input type="checkbox"/> Jordanian <input type="checkbox"/> Non Jordanian	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Center's Number:		Center's Number:	
Customer Type:		Customer Type:	
Document Type:		Document Type:	
Issue Date: Exp. Date:		Issue Date: Exp. Date:	
Placed of Issue:		Placed of Issue:	
Document Number:		Document Number:	
Address:		Address:	
P.O. Box:		P.O. Box:	
City:	Code:	City:	Code:
Country:	Telephone:	Country:	Telephone:
Mobile:	Fax:	Mobile:	Fax:
E-mail Address:		E-mail Address:	

I do hereby declare that I am informed and responsible for the validity of all above mentioned information without holding "Istithmar" For Financial Services Company responsible for it

Employee Signature:	Customer Signature:	Agent or Guardian Signature:

Verification Signature:

Form (1)	Form (2)	Form (3)