



بنك ظفار
BankDhofar

Omani Minor Account Opening Via Email

Form for BankDhofar Existing Guardian

Branch Name		Date	
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Kindly fill the form in BLOCK letters and COMPLETE IN FULL AND TICK WHEREVER APPLICABLE. (All fields marked with (*) are mandatory)

Guardian Declaration for Minor (Age below 18 years) Account Opening

I, Mr. _____
in my capacity as the Natural Guardian (Father) having NID/Resident ID No. _____ of the minor detailed below, confirm to operate this account till minor attains the age of 18 as follow.
Note: Court appointed guardians/ legal heirs should contact the branch for different application form.
I will operate this account as the father. I hold an account number _____ with BankDhofar.

* Minor Personal Details and account information

Kindly open following new accounts in name of my Children(s).

1. Child/Minor Full Name (As per the ID)		ID No.	
2. Child/Minor Full Name (As per the ID)		ID No.	
3. Child/Minor Full Name (As per the ID)		ID No.	
4. Child/Minor Full Name (As per the ID)		ID No.	
5. Child/Minor Full Name (As per the ID)		ID No.	
6. Child/Minor Full Name (As per the ID)		ID No.	

I confirm the details such as Date of birth, nationality, gender of above minors should be used from respective provided ID documents.

*Email ID (In CAPITAL Letters only)			
*Mobile Number			
* Select Document provided (As applicable)	<input type="checkbox"/> Birth Certificate & Passport	<input type="checkbox"/> Birth Certificate & National ID	
*Monthly Income/ Expected Monthly Account Activity (OMR)			
* Account Type (select as required), OMR Currency	<input type="checkbox"/> Saving Account (non-interest bearing) <input type="checkbox"/> High Yield Saving Account		
*Post Code (PC)		*P.O Box	
*Region		*Landmark/Address	

- I confirm that the information given is true and complete. I have read terms and conditions and Key Fact Statement, it is available in BankDhofar website <https://www.BankDhofar.com>, governing this application including delivery channels. If the account remains without operation over a reasonable period of time, the bank has the right to close the account without notice from me. I hereby confirm that I am the ultimate beneficiary of this account.
- I authorize the bank to utilize all personal information available (as applicable) in my account details as given above for creating this new minor account.

Father Name		Date	
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Father's Signature			
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