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Berhan Bank S.C.

**Ethiopian Residence, Non- Residence Ethiopians and Ethiopian Origin Foreign
Currency Saving (Agents) Account operating Application Form (Directives No. FXD/68/2020)**

_____ Department/Branch Date: DD _____ MM _____ YY YY _____

FCY Saving Account No: _____ Agent's ETB account no: _____

1) Agent's (Applicant's) Full Name First Name Middle Name Last Name

2) Principal (Account holder) Full Name First Name Middle Name Last Name

3) Mother's Full Name _____

4) Gender: ☐ Male ☐ Female

5) Date of Birth (if EC.) _____ (if GC.) _____

6) Marital status: ☐ Single ☐ Married ☐ Other (please specify) _____

7) Nationality _____

8) Educational Level: ☐ Grade 12 or less ☐ Diploma ☐ Degree ☐ Master ☐ Other (please specify) _____

9) Agent's Employment Status: ☐ Government Organization ☐ Private Company ☐ Self-employed (self- business)
others (Please specify) _____

10) Agent's Employer/self-business address: Company /Self- Business Name _____ Country _____

City/state _____ Sub-City _____ WoredA Street address _____ House No. _____

office phone _____ Email Address _____

11) Agent's home (permanent residence) Address: Country _____ City/State _____

Sub-City _____ woreda/Street address _____ House or Apartment No. _____

Mobile No. _____ Email Address _____

12) Valid ID Details: ID/Passport No. _____ place of Issue _____ Issuing Authority _____

Date of Issue _____ Expiry Date _____

Additional Notice

1) The information above is accurate to the best and of my /our knowledge, information and belief. I/we agree to inform you of any changes to the information provided during the power of attorney process.

2) I/ we have read and understood all the terms and conditions mentioned here under others with respect to National Bank of Ethiopia Directives No. FXD/68/2020 and Berhan Bank SC. procedures and other rules and regulations that may, from time to time, be issued by National Bank of Ethiopia and Berhan Bank SC. and agreed to operate the account unless and otherwise the Bank will be forced to suspend the account and immediately report the case to National Bank of Ethiopia.

Agent's signature: _____

It is important that you complete this application form in full and sign as required.

Missing information may cause a delay



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- 3) As per National Bank of Ethiopia Directives No. FXD/68/2020, power of attorney holders are allowed to open foreign saving but not credit the account on behalf of Ethiopian Residence, non-residence Ethiopian and /or foreign national of Ethiopian origin and agreed to operate the account as per the Directives FXD/68/2020.
- 4) The account holder and/or the agent shall present or send notification letter or other electronic system to the bank for cancellation of the power of attorney before or at the time of the power of attorney cancelled by pertinent authority.
- 5) The bank may not accept the power of authority if the account holder signature of power of attorney is differ with the account holder signature given to the bank to operate the account.
- 6) The bank may request account holder(s) confirmation letter in addition to the legal power of attorney presented to the bank at any time and during the operating of the account and if the account is inactive.
- 7) The agent shall present original power of attorney with valid ID in every withdrawal and other transactions.
- 8) Cheques can not be issued before providing sufficient fund in the account. In case of loss of cheque books, the customer has to notify the bank in writing without delay,
- 9) The customer must ascertain and verify the accuracy of the number of cheques at the counter
- 10) The correctness of monthly bank balance shall be reconciled on monthly bases and confirmed by the customer within fifteen days after the receipt of the monthly statement of account.
- 11) Not allowed withdrawing cash FCY without getting the Bank's authorization

Remarks _____

I/we authorize the bank to account the specimen signature appearing here below as valid and genuine to operate the stated account.

Customer specimen signatures 1) _____ 2) _____ 3) _____ - _____

For office use only

Account Opened by _____ Approved by _____

Audited/ Checked by (Internal Auditor) _____

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Missing information may cause a delay