

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

Department/Branch		Date: DD	MM YY	YY YY
1) Applicant's Full Name	First Name	Middle Name	Last N	Name
2) Mother's Full Name				
3) Gender:	□ Male			
4) Nationality	_			
5) Date of Birth (if EC.)	(if GC.)			
6) Marital status:	\square Married (Other (please specify)		
7) Educational Level: Grade	12 or less 🗌 Diploma	☐ Degree ☐ Master Ot	ner (please specify) _	
8) Type of Foreign Currency:		RO 🗆 GBP		
9) Customer Category Re	esidents of Ethiopia	\square Non Residents Ethiopian	☐ Non Residents Et	thiopian Origin
10) Account Type	est Bearing 🔲 Int	erest Free		
11) Source of FCY deposit $\ \square$	Salary 🗌 Self- Busin	ess 🗌 Turnover 🔲 Gift	Other (please specify	y)
12) Average Monthly income in	FCY	and /or Average annua	l Income	
13) Employment Status	Government Organizati	on Private Company	☐ Self-employed (self- business)
Others (Please specify)				
14) Foreign Employer/Local Emp	oloyer/self-business ad	dress: Company /Self- Busines	Name	
Country	State	_CityStreet	nddress	
Office phone no	Bu	siness Email Address		
15) Foreign home (permanen	t residence) Address	for Non Residents Ethiopian	3 Non Residents Eth	iopian Origin
Countrystate	city	Street address		
House or Apartment no	Landline No	Mobile No	Email	
Customer signature:		_		



15) Local Home	Address: City	Subcity	Woreda/Kebele	H.no
Mobile no		Email		
16) Local Contac	t Person Name & Add	ress: Name	City	Subcity
Woreda	H.no	Mobile	Email	
17) Valid ID Deta	ails: ID/Passport No		Place of Issue	
Issueing Aut	:hority		Date of Issue	Expiry Date
18) Initial Depos	it	()
19) Accrued inte	rest calculated In Fcy	shall credited in Loc	al ccy account No	
For all applica	ants - Kindly plea	se read and sign	the under additional a	nd important notice
				n and belief. I/we agree to inform
·		_	my/our account opening proce	_
				id others with respect of National
,				d other rules and regulations that
	•		·	C. and agreed to operate my/our
_			•	immediately report the case to
National Bank				
	•	resent resident and	or work permit and subject to	renewal upon expiry.
·	•			with Foreign Passport subject to
renewal upor	n expiry.			
5) For Residents	s of Ethiopia shall pres	sent valid ID and em	nployment contract agreemen	t from the employer or any other
required docu	ment which clearly sh	nows the payment is	done in FCY (Foreigners shall	have to present a valid residence
/work permit)	J.			
6) A foreign curr	ency account opened l	by Residents of Ethic	opia, non-resident Ethiopian a	nd non-residence Ethiopian Origin
shall be credit	ted through the banki	ng system by:		
I. Foreign Curre	ency transferred throu	igh banking system		
II. Deposit of fo	reign currency cash n	otes (The account ho	older present a signed and sea	aled foreign currency declaration
from Ethiopia	an Revenue and Custo	oms Authority).		
III. Foreign curre	ency transferred throu	gh International rem	ittance service providers	
IV. Transferred f	rom own Non Resider	nt foreign currency a	ccount	
V. Transfer or ch	neque drawn or endor	rsed in favor Ethiopia	an National by a Non-resident	foreign currency account holder
from Non-resi	ident foreign currency	account.		
Customer signatu	ure:			



- C) Valid and original customs declaration forms shall be retained by the bank to deposit Fcy cash notes.
- 6. A minimum of USD 50 or equivalent in EURO or GBP required as initial deposit to open the account.
- 6) A bank is allowed to set their own interest as per NBE directive. However, the bank shall be calculated in Fcy but paid in local currency.
- 7) The customer must ascertain and verify the accuracy of the number of cheques at the counter,
- 8) Cheques cannot 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) If an account shows three or less transactions or movements for six months, the account will be handled separately under inactive accounts for precaution purpose,
- 10) If an account reflects a balance of USD 100.00 or less, USD 5.00 will be charged every six months including the preceding 6 months. For balance USD 5.00 and below, the amount will be deducted and the account will be closed.
- 11) The correctness of monthly bank balance shall be collected bank statement and reconciled by the customer monthly bases and confirmed by the customer within fifteen days after the receipt of the monthly statement of account.
- 12) Not allowed despositing local currency (ETB) to this account.
- 13) Not allowed withdrawing FCY cash without getteing the bank's written authorization.
- 14) The account holder and/or the agent shall present letter or electronic system for cancellation of the power of attorney to the bank before or at the time of the power of authorney cancelled at the pertinet authority.
- 15) The bank may not accept the power of authory if the account holder signature under power of authorny is differ with the account holder signature given to the bank to operate the account.
- 16) The bank may request account holder(s) confirmation through letter or other electonic system in addition to the legal power of authorney presented to the bank during the operating of the account or at any time.
- 17) Foreign currency cash notes deposit from any illegal sources shall not be used to credit and/or open a foreign saving account and other prohibition and uses of this saving account is as per NBE directive No.FXD68/20.

Remarks			
I/we authorize the bank to account the specimen sig	gnature appearing h	here below as valid and genuine to operate t	he
stated account.			
Customer specimen signatures 1)	2)	3)	_
For office use only			
Foreign Currency Saving Account number		Date	
LCY Account			
Account Opened by	Approved	d by	
Audited/ Checked by (Internal Auditor)			

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