



Application Form for Bank Account and other services

Please tick where appropriate.

- Expansion Account (1) Debit Card Text Alerts (SMS)
 Online Banking Credit Card Deposit or savings account

(1) Requires regular monthly deposit of over 700Euros.

Applicant/First account-holder:

Surname		Passport No.
First name(s)		Nationality
Fiscal Address / residence before arriving to Spain		Post code
Town	Country	Telephone number
E-mail address		Language preference
Date of birth	Marital status	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Professional employment	<input type="checkbox"/> Salaried employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Other, <i>specify</i> _____	
Name of the company:	Length of service in company:	Type of business
Work address		Telephone number
Town		Post code

Second account-holder:

Surname		Passport No.
First name(s)		Nationality
Address		Post code
Town	Country	Telephone number
E-mail address		Language preference
Date of birth	Marital status	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Professional employment	<input type="checkbox"/> Salaried employee <input type="checkbox"/> Self-employed <input type="checkbox"/> Pensioner <input type="checkbox"/> Other, <i>specify</i> _____	
Name of the company:	Length of service in company:	Type of business
Work address		Telephone number
Town		Post code

If this will be a joint account who is authorised to give instructions to the bank:

- Either to sign All applicants must sign

Details of the Spanish Account (Please tick where appropriate):

• Purpose of the account

- Personal account
 Savings account
 Investment account
 Other, *specify*: _____

• **Expected type of transactions**

- Relating to purchase of home
Address: _____ Town _____ P.C. _____
- Relating to personal and domestic expenses
Address: _____ Town _____ P.C. _____
- Placing of investments
Specify expected annual amount: € _____
- Others
Specify type and annual amount: _____ € _____
- With regard to international transfers, please indicate country of origin/ destination and average amount:
_____ € _____

Please indicate your current or future address in Spain.	
Please give an indication of when would you be able to visit your branch:	

<p>IMPORTANT INFORMATION:</p> <p>1- If not yet, when are you arriving to Spain? 2- How long will you be in Spain for? 3- Do you speak Spanish? / Languages spoken: 4- How did you know about Banco Sabadell?</p> <p>Please use the box on the right to answer the questions above and add additional comments.</p>	<p>1- 2- 3- 4- .- .- .-</p>
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The applicant(s) hereby declare(s) under his/her/their own full responsibility that the details provided in this application are true and correct and that they are submitted for the purpose of entering into an agreement with Banco de Sabadell, S.A. ("the Bank") for the provision of services as indicated in this form on the terms and conditions which have been advised previously to the applicant(s) and which will be established in the documentation pertaining to each service requested. Furthermore, the applicant(s) hereby authorise(s) the Bank to carry out such checks as the Bank deems necessary for its consideration of the granting of services with regard to the details provided in this application, to charge the expenses so incurred to the account or accounts of the applicant(s) held at the Bank, to carry out credit checks on the existing liabilities of the applicant(s) at banks in accordance with Circular 3/1995 of Banco de España (Bank of Spain) concerning the Central de Información de Riesgos (Central Office for Credit Risk Information) and to have access to the information on the undersigned held at companies pertaining to the Banco Sabadell Group.

The undersigned is/are hereby informed that the personal details required in this document are necessary for processing the requested services and will be incorporated in a file under the Bank's responsibility, the Bank hereby being expressly authorized to process such personal details in order to carry out and maintain the transaction itself and to effect, control and manage other transactions which may drive from it.

In accordance with the data protection regulations in force at any time, the signatory or signatories may revoke the authorisation granted for the processing and transfer of the personal details held in the aforementioned files, as well as exercise their rights of access to, rectification of, disagreement to the keeping of and cancellation of such personal details, by sending written notice to the holder responsible of them, being Banco de Sabadell, S.A. whose address appears in this document.

Signature of the First applicant	Signature of the Second Applicant
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The opening of the account will NOT be activated until SabadellAtlántico has received the account contract duly signed in presence of account holders.

Must be submitted with this application:

- A photocopy of the Passport and NIE if applicable of each account-holder/service-user.

Please send back all the documents to:

FAO: International Account's manager
 Miguel Ángel 23
 28010 Madrid, Spain
0569@sabadellatlantico.com
 fax:913104451

Tel: 914360170

(Please advice via email when fax is sent)

Any Sabadellatlantico branch, please use our branch locator to find out the most convenient branch for you:

https://www.sabadellatlantico.com/cs/Satellite/SabAt/Buscador_de_oficinas_y_cajeros_/1191332199103/es/

Or visit our web www.sabadellatlantico.com

