

First Applicant Detail New Customer (Complete all parts) Existing Customer (Active) (Complete Personal Detail and Part B and C) Existing Customer(All accounts closed) (Complete all parts) Bank Use Only: Customer No* Image: Customer No* Image: Customer No* I.PERSONAL DETAIL Image: Customer No* Image: Customer No*			
(Complete all parts) (Complete Personal Detail and Part B and C) Bank Use Only: Customer No*			
1.PERSONAL DETAIL			
First Name*: Gender*:			
Middle Name*: Nationality (Primary)*:			
Family Name*: Country of Birth*:Nationality (Secondary):			
Date of Birth*:E/B Security Code*:E/B Security Code*:			
Email Address*: (For Deposit Account with Debit Card)			
Primary Identification Type*: ID No*: Issue Date*: Expiry Date*:			
Secondary Identification Type*: ID No*: Issue Date*: Expiry Date*:			
Tax Self Certification for Individual:			
I am a US citizen, resident, permanent resident, green card holder or US tax payer by reason of having substantial physical p	presence in the		
US or any other reason. Yes No	-		
I acknowledge that I am aware that I need to notify the bank within 30 days of any change to my status.			
2. INCOME AND BANKING			
Primary Source of Income/Wealth (select one):			
	eritance		
Saving/Investment/Business Income Dependent on Family Member Student Allowance			
Purpose for banking service (select one):			
Business Borrowing in-country Student Visa Humanitarian Holi	iday Travel		
	Irant		
Import/Export Trade Family Entity			
3. CURRENT EMPLOYMENT DETAILS Self Employed?* Yes Other:			
Company Name*:Company Phone*:			
Position held*:Nature of Business*:			
Company Address*: House No*: Street*: Village*:			
Commune/Sangkat*:Province/City*:Province/Cit			
Country*: Length of Service*: years months			
4. CURRENT RESIDENTIAL ADDRESS			
Address*:			
Town/Village*:Province/State*:			
Country*: Length of Stay*:			
5. PREVIOUS RESIDENTIAL ADDRESS (If the length of current residential address is shorter than 5 years)			
Address*:			
Town/Village*:Province/State*:			
Country*: Length of Stay*:			
6. TYPE OF EXPECTED CUSTOMER ACTIVITY (select one or more) Cash deposit Domestic Transfer in/out Cheque Deposit Foreign Cu	urrency Exchange		
Cash Withdrawals International Transfer in/out Clearing Cheques	an ency Exchange		



Second Applicant Detail					
New Customer Existing Customer (Active) (Complete all parts) (Complete only part B and C)		Existing Customer(All accounts closed) (Complete all parts)			
Bank Use Only: Customer No*					
1.PERSONAL DETAIL					
First Name*:		e 🗌 Female	Marital Status*:		
Middle Name*:	Town/Province of birth*:				
Family Name*:	Country of Birth*:		Nationality (Secor	idary):	
Date of Birth*:	Mobile Number*:				
Email Address*:			(For Deposit Account with	Debit Card)	
Primary Identification Type*:	ID No*:	Issue Date*:	Expiry	/ Date*:	
Secondary Identification Type*:	ID No*:	Issue Date*:	Expiry	/ Date*:	
Tax Self Certification for Individ	dual:				
I am a US citizen, resident, perma	nent resident, green card holder or US	tax payer by reasor	n of having substantia	I physical presence in the	
US or any other reason. Yes	No				
I acknowledge that I am aware that	at I need to notify the bank within 30 c	days of any change to	o my status.		
2. INCOME AND BANKING					
Primary Source of Income/Wealth	(select one):				
Salary	Government Payments	Non-Fam	ily Sponsorship	Inheritance	
Saving/Investment/Business Ind		er 🗌 Student /	Allowance		
Purpose for banking service (select	·				
Business	Borrowing in-country		Visa Humanitarian	Holiday Travel	
 Investment/Savings Import/Export Trade 	Employer Sponsored		ated to Local	Migrant	
	Family	Entity			
3. CURRENT EMPLOYMENT DET	· / 🗖				
Company Address*: House No*:	Street*:		Village*:		
Commune/Sangkat*:	District*:		Province,	/City*:	
Country*:	Length of Service	*:year	s mor	ths	
4. CURRENT RESIDENTIAL ADD	RESS				
Address*:					
Town/Village*:		Province/Stat	te*:		
Country*:	Length	of Stay*:			
5. PREVIOUS RESIDENTIAL AD	DRESS (If the length of current reside	ential address is sho	rter than 5 years)		
Address*:					
Town/Village*:		Province/Sta	te*:		
Courseling					
	ER ACTIVITY (select one or more)				
Cash deposit	Domestic Transfer in/out	Cheque E	Deposit	Foreign Currency Exchange	
Cash Withdrawals	International Transfer in/out		· · · · · · · · · · · · · · · · · · ·		
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B. DEPOSIT ACCOUNT INFORMATION

Banking Account Type and Currency

				cura ricques		
Account Number	Account Type*	Joint (Y/N)	1st Applicant	2nd Applicant	3rd Applicant	4th Applicant

For Term Deposit Only

If no instruction are given upon maturity, the principal and interest will be renewed for the same period at the prevailing rate.

Term Deposit Type*: Matur	rity (interest paid on maturity)	Annuity (interest is paid monthly, it is applicable to only	360 Days Term)	
Maturity Instruction*: Please	Please rollover the principal and interest for the same period at the prevailing rate.			
Please	e rollover the principal for the same	e prevailing rate and credit interest into account:		
Term Length*: 30 da	30 days60 days90 days180 days270 days360 daysOther:			
Placement Amount*:	Intere	st Rate*:%p.a.		
Signing Conditions (to be complet	ed only if applicable)			
Account mandate Instruction (sele	ect one): Number of	Mandate instruction to close account (select one):	Number of	
(For Premier Account Only):	Signatories:	(For Joint Account Only):	Signatories:	
Any one to sign Any tw	wo to sign	Any one to sign Any two to sign		
All to sign Other	:	All to sign Other:		
Debit Card (to be completed only if	f applicable)			
First Applicant		Second Applicant (For Joint Accounts Only)		
Card Number (if existing):		Card Number (if existing):		
Select Card Type:		Select Card Type:		
Visa Premier Debit Card		Visa Premier Debit Card		
Visa Classic Debit Card		Visa Classic Debit Card		

Utility bill payment (refer to billpay broucher)

Other Services Required (to be completed only if applicable)

C. CUSTOMER ACKNOWLEDGEMENT

By signing below, I/we acknowledge and agree to J Trust Royal Bank as following:

- I/We am/are bound by and will comply with the J Trust Royal Bank Terms & Conditions and other related documents applying to the account, from time to time provided through any channels used by J Trust Royal Bank including but not limited to email, post, fax etc. or made available to us by J Trust Royal Bank. I/We have a copy of these documents or have accessed them at www.jtrustroyal.com and have read them.

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- To use Internet Banking, I/we warrant that I am/we are above 18 years of age and acknowledge that J Trust Royal Bank reserves the right to immediately terminate my/our access in the event that such access was mistakenly provided to a person less than 18 years of age;

- I/we declare that the information I/we have provided here is true and completed and that my/our signature below evidence my/our understanding of and consent to all matters set out in this registration form, including the Confidential Information and Privacy statement set in related J Trust Royal Bank Terms and Conditions;

- I/we agree that this Account Opening Form and the related J Trust Royal Bank Terms and Conditions together comprise the contract between J Trust Royal Bank and me/us in relation to opening and operation of my/our account(s) at J Trust Royal Bank;

- I/we am required to resubmit the request and contact J Trust Royal Bank Customer Care Centre via +855 (0)23 999 000 to update my/our telephone number if this has been changed.

- I/we confirm that my/our signature below is also the specimen signature that J Trust Royal Bank shall use to verify my/our instruction(s) to J Trust Royal Bank.

First Applicant's Full Name*:		 		
			Customer's Signature*:	
Application Date*:	L			



Second Applicant's Full Name				
Application Date*:	Customer's Signature*:			
BANK USE ONLY Linking Document (If Applicable)	Branch ID:			
Type of Documents:				
Issuer:				
Form completed and actioned by: Full Name*:	Check & Verified by: Full Name*: Date*: Ext#			
Signature*:	Signature*:			
(Offsite account opening) Joint Visit by:				
Full Name*: Ext#.				
Date*:				
Signature*:				