

TO OPEN AN ACCOUNT WITH THE BPMED

Pre-Qualification Questionnaire. To be returned by mail

The analysis of this form will determine if BANQUE POPULAIRE is able to open your account. In due course we will inform you of the Bank's decision.

The particulars provided in this form are believed to be complete and correct and may be disclosed to appropriate parties. If it is incomplete or inaccurate, I / we accept that the advice received may not be appropriate to my / our individual circumstances.

For each account holder please provide us with a copy of the following documentation:

1. PROOF OF IDENTITY

2 valid forms of photo Identification : Identity Card, Passport, Driving Licence...
One of them will need be a stamped and certified copy (by any local authority or your bank)

2. PROOF OF ADDRESS (in France or abroad / not more than 3 months old)

Rental contract and utility bill in your name (electricity, water or telephone (not mobile))

3. BANK REFERENCE LETTER

A letter of recommendation from your Bank

4. COPY OF YOUR LAST INCOME TAX RETURN

This should show your social security number

For **each account holder**, please complete the following information and sign at the bottom.

Please write in CAPITALS	ACCOUNT HOLDER 1	ACCOUNT HOLDER 2
SURNAME FIRST NAME MAIDEN NAME		
DATE and PLACE OF BIRTH		
NATIONALITY PASSPORT NUMBER DATE PASSPORT ISSUED PLACE PASSPORT ISSUED		
SOCIAL SECURITY NUMBER		
MARITAL STATUS (divorced,widowed,...) DATE OF MARRIAGE / DIVORCE NUMBER OF CHILDREN NUMBER OF CHILDREN STILL LIVING AT HOME		



	ACCOUNT HOLDER 1	ACCOUNT HOLDER 2
ADDRESS		
DATE MOVED IN		
OWNER OR TENANT		
HOME TEL NUMBER		
DAYTIME TEL NUMBER		
FAX NUMBER		
E-MAIL ADDRESS		
MOBILE PHONE		
WHAT IS YOUR PREFERRED NUMBER ?		
CURRENT PROFESSION		
SALARIED OR SELF-EMPLOYED		
CURRENT EMPLOYER		
DATE STARTED JOB		

I/We hereby declare that the current details are correct and I/we wish to open a sole/joint account on my/our behalf :

DATE

LOCATION

SIGNATURE



BANQUE POPULAIRE
MÉDITERRANÉE

International Branch

SERVICES	YES	NO	COMMENTS
PARTS SOCIALES Value : 5 X 16€ (compulsory)			As a cooperative, all our customers own their bank and become Sociétaires
CHEQUE BOOK			To be delivered : French address or to a BPMED Branch ?
INTERNATIONAL VISA CARD			To be delivered : French address or to a BPMED Branch ?
GOLD CARD			To be delivered : French address or to a BPMED Branch
SECURIPLUS			
CYBERPLUS			Online banking
SAVINGS ACCOUNT			
CAR INSURANCE			
HOUSE INSURANCE			
MORTGAGE			
LOAN			
INVESTMENTS			

SERVICES YOU REQUIRE FROM YOUR BPMED ACCOUNT :

Date :

Name :

Signature :

12/1/2016