



HCB Trust Ek. för.

Please fill in the relevant information and email to accounts@hcbtrust.net. You may either send to HCB Trust Ek. för., Solna Strandväg 78, 171 54 Stockholm, Sweden or fax to +46 (0)8 5052-1010.

Membership Application

Please provide all the requested information. When you have completed the form, processing will take approximately two to four working days after we have received it.

Important information about procedures for opening a new account.

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your birth certificate or other identifying documents. This is inline with our constant practice of "Know Your Client/Member" before we can accept your application.

Primary Account Owner

Membership Eligibility: I am eligible for membership through my

Please Select

Employer's Name _____

Family Member's Name _____

Full Name as in ID/Passport _____

ID/Passport No. _____ Date of Birth: _____ Marital Status

Email _____ Home Tel. _____ Mobile Tel. _____

Occupation _____ Nationality _____

Residence Address _____ Mailing Address (if Different) _____

Country _____ ZIP/Postal _____ Country _____ ZIP/Postal _____

Please Select

I am subjected to back-up withholding

I am not subjected to back-up withholding

Joint Account Owner 1

Full Name as in ID/Passport

ID/Passport No. _____ Date of Birth: _____ Marital Status

Email _____ Home Tel. _____ Mobile Tel. _____

Occupation _____ Nationality _____

Residence Address _____ Relationship to Primary Owner _____

Country _____ ZIP/Postal _____ Mailing Address (If Different) _____

Joint Account Owner 2

Full Name as in ID/Passport

ID/Passport No. _____ Date of Birth: _____ Marital Status

Email _____ Home Tel. _____ Mobile Tel. _____

Occupation _____ Nationality _____

Residence Address _____ Relationship to Primary Owner _____

Country _____ ZIP/Postal _____ Mailing Address (If Different) _____

Signatures

Primary Account Owner Signature

Date: _____

Joint Account Owner 1 Signature

Date: _____

Joint Account Owner 2 Signature

Date: _____