

# INFORMATION FORM

## Personal Banking Customers

For Bank use only

Customer No:

CRM No:

Please fill form in **CAPITAL LETTERS**.

### PERSONAL DETAILS

Mr

Ms

Dr

Others, please specify \_\_\_\_\_

**Full Name**

(as in ID Card / as in Passport for Foreigners)

**Gender**

Female

Male

**Date of Birth**

**ID Card / Passport No.**

(Passport No. for Foreigners only)

**ID Card / Passport Expiry Date**

(Passport Expiry for Foreigners only)

**Work Permit / Visa No.**

(For Foreigners)

**Work Permit / Visa Expiry Date**

(For Foreigners)

**No. of Children**

**Nationality**

**Place of Birth**

### CONTACT DETAILS

**Mobile No.**

**Home / Office No.**

**Email**

**Permanent Address**

House / Building Name

Street Name

Flat No. / Floor

Atoll, Island / City

Postcode

Country

**Mailing Address**

(If mailing address is different from above please fill in below details.)

House / Building Name

Street Name

Flat No. / Floor

Atoll, Island / City

Postcode

Country

SIGNATURE: \_\_\_\_\_

## EMPLOYMENT DETAILS

Employment Status	Salaried	Self employed	Unemployed	Student	Retired
Employment Sector	Civil/State	Private	Public	Military	Political
	Volunteer	Judiciary			
	Other, please specify _____				
Occupation/Designation	<input type="text"/>				
Employer Name	<input type="text"/>				
Worksite (if applicable)	<input type="text"/>				

## FINANCIAL DETAILS

Sources of Income / Wealth	Salary	Family Remittance	Rent	
	Business Income	Pension	Inheritance	
	Sale of Property / Assets	Investment Proceeds	Other, please specify _____	
Total Monthly Income in MVR	Less than 5,000	5,000 to 15,000	15,000 to 30,000	
	30,000 to 45,000	45,000 to 60,000	60,000 to 80,000	
	80,000 to 100,000	100,000 to 200,000	Above 200,000 (please specify)	
			_____	
Taxpayer Identification Number (TIN) (If applicable)	<input type="text"/>			
Businesses Involved (If more than 5 businesses involved, please take a copy of this page to include the additional details and submit with this form.)	List of all the businesses involved in (even if no bank account opened or maintained) and designation			
	Name of Business	Designation		
	_____	_____		
	_____	_____		
	_____	_____		
	_____	_____		
Other Banks (Please tick all banks where you operate an account)	<input type="checkbox"/> HSBC	<input type="checkbox"/> SBI	<input type="checkbox"/> MCB	<input type="checkbox"/> MIB
	<input type="checkbox"/> BOC	<input type="checkbox"/> HBL	<input type="checkbox"/> CBM	<input type="checkbox"/> Other, please specify _____

# PEP DECLARATION

## Politically Exposed Person (PEP) Declaration

I confirm that I, or any member of my family or any of my associates, do not hold any position at a public office of prominence, nor have held any such position in the past.

I confirm that I, or any member of my family or an associate, hold or have held a position at public office of prominence:

### If declared as a PEP, please fill in the relevant information;

Designation: \_\_\_\_\_ Place of Designation : \_\_\_\_\_  
From (Start Date):  To (End Date):

### Family Member / Associate: 1

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Designation: \_\_\_\_\_ Place of Designation : \_\_\_\_\_  
From (Start Date):  To (End Date):

### Family Member / Associate: 2

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Designation: \_\_\_\_\_ Place of Designation : \_\_\_\_\_  
From (Start Date):  To (End Date):

### Family Member / Associate: 3

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Designation: \_\_\_\_\_ Place of Designation : \_\_\_\_\_  
From (Start Date):  To (End Date):

### Family Member / Associate: 4

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Designation: \_\_\_\_\_ Place of Designation : \_\_\_\_\_  
From (Start Date):  To (End Date):

### Family Member / Associate: 5

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Designation: \_\_\_\_\_ Place of Designation : \_\_\_\_\_  
From (Start Date):  To (End Date):

\*If more than 5 FamilyMembers / Associate are involved, please take a copy of this page, fill in details, and submit with this form.

# FATCA DECLARATION

## FATCA Declaration

I declare that I do not possess USA nationality/Lawful Permanent Residency/Passport/power of attorney given to or received from a US person as at this date. I further undertake to inform the Bank if I obtain USA Citizenship/Green Card/Lawful Permanent Residency/Passport/power of attorney in future within material time and authorize Bank of Maldives PLC to disclose required information to relevant authorities in USA<sup>1</sup>.

I declare that I possess USA nationality/Lawful Permanent Residency/Passport/power of attorney given to or received from a US person as at this date OR fall under one of the indicia listed below and authorize Bank of Maldives PLC to disclose required information to relevant authorities of USA under FATCA.

If YES please fill the relevant FATCA form

Description	Form No.
For U.S Citizens or other U.S Person including resident alien individual	W9
<b>Customers who does not fall under W9 category above</b> <ul style="list-style-type: none"><li>• Non-resident alien</li><li>• U.S birth place (without Citizenship and Lawful Permanent Residency)</li><li>• U.S Address (residence, correspondence, or PO Box)</li><li>• One or more U.S telephone numbers</li><li>• Account at a U.S Bank</li><li>• Power of Attorney or signatory authority granted to person with US address</li></ul>	W-8BEN

## TERMS & CONDITIONS

I hereby agree and declare:

- That the information and documents presented for identification purposes may be verified by the Bank's employee having an appropriate authority.
- That the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform bank, any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.
- That information provided can be used by the Bank for customer relationship purposes and in certain specific circumstances, the bank may still process data in view of its statutory obligations.
- To provide appropriate information/and or documents (including identity proof, profile details of account holder/s, beneficial owners, etc.) in accordance with laws, regulations, international standards and best practices.
- To be bound by the terms and conditions which apply and which may from time to time change to account(s) opened and services requested by me with the Bank.
- That having read the Terms and Conditions of this form (Information Form for Personal Banking Customers) and agree to abide by and be bound by the same including any changes therein from time to time.

Signature

Date

