

INFORMATION FORM

Business & Institutions

If you have already submitted this form and some information needs to be updated, please fill in Business/Institution name, Registration number and relevant sections to be changed.

For Bank use only

Customer No:

CRM No:

New Customer Existing Customer

Please fill form in **CAPITAL LETTERS**

GENERAL INFORMATION

Type of Business	<input type="checkbox"/> Public Limited Company	<input type="checkbox"/> Private Company	<input type="checkbox"/> Sole Proprietorship
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Club/Society/Association	<input type="checkbox"/> NPO/NGO/Charity
	<input type="checkbox"/> Government Institution	<input type="checkbox"/> Co-operative Society	
	<input type="checkbox"/> Others, please specify		
Name of Business / Institution		Registration No. (Business /Company/shop/Institution)	
Trading Name (If different from business name)		Registration No. (If different from business registration No)	
Name of Parent Company/ Business Owner (where applicable)		Registration No. (For Parent Company) or ID Card No. (Business Owner)	
Name of Sole Proprietor (where applicable)		ID Card No. (For Sole Proprietor) <input type="text"/>	
ID Card Expiry (For Business Owner/Sole Proprietor) <input type="text"/>		Business Registration Expiry Date (For Sole Proprietor) <input type="text"/>	
Tax ID No.		Date of Commencement of Business <input type="text"/>	
Country of Incorporation		Date of Incorporation <input type="text"/>	
Nature of Business (Please tick all relevant)	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Export	<input type="checkbox"/> Fisheries
	<input type="checkbox"/> Health Services	<input type="checkbox"/> Import	<input type="checkbox"/> Manufacturing
	<input type="checkbox"/> Travel/Tourism	<input type="checkbox"/> Retail / Wholesale Trading	<input type="checkbox"/> Professional / Consultancy
	<input type="checkbox"/> Catering/Restaurant	<input type="checkbox"/> Transport	<input type="checkbox"/> Education / Training
	<input type="checkbox"/> Construction	<input type="checkbox"/> Others, please specify	
	From the above list please specify the primary business activity		
No. of Executives (Refers to Directors / Partners / Executives of an institution)		No. of Employees	
<input type="text"/>		<input type="text"/>	

SIGNATURE:

CONTACT DETAILS

Contact Person

Full Name

PP / ID Card No.

Contact No:

Designation

Registered Address

House / Building Name

Street Name

Flat No. / Floor

Atoll, Island

Post Code

Country

**Correspondence Address
(If different from above)**

House / Building Name

Street Name

Flat No. / Floor

Atoll, Island

Post Code

Country

Telephone No.

Email

Fax No.

Website

FINANCIAL DETAILS

Capital Invested MVR

Annual Revenue /
Expected Turnover MVR

Sources of Funding

- Interest in Time Deposits
- Trade Remittance
- Donation
- Sales & Business Turnover
- Others, please specify

Fixed Deposit Shares

Property, please list name/country of each property

Is your property mortgaged? No Yes, please list all mortgaged property(s)

Is your property insured? No Yes, please list all insured property(s)

Assets
(Please fill all applicable details)

Vessels, please write the quantity of each type of vessel you own in the boxes provided below:

- Safari/Yacht Speed Launch Cargo/Supply Ferry Service Fishing
- Other, please specify type and quantity

Is your property mortgaged? No Yes, please list all mortgaged vessel(s)

Is your property insured? No Yes, please list all insured vessel(s)

Vehicle, please write the quantity of each type of vehicle you own in the boxes provided below:

Motorcycle Car
 Other, please specify type and quantity

Is your property insured? No Yes, please list all insured vehicle(s)

Credit Facilities
(Please fill all applicable details)

Loan Overdraft Other, please specify

Do you hold a Corporate Credit Card?

Yes (please fill following details)
 No

Bank	Type of Card		
.....	<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> Other, please specify
.....	<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> Other, please specify
.....	<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa	<input type="checkbox"/> Other, please specify

Please fill below your bank accounts held at other Banks

Bank/Branch	Account Number	Account opened date
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>
.....	<input type="text"/>	<input type="text"/>

FATCA Declaration (Entities)

We declare that our company/entity is not a tax resident of U.S./our beneficial owners (with 10% and above shareholding) are not U.S tax residents as on date /our beneficiaries do not receive US sourced income. We further undertake to inform the Bank if we/our beneficial owners(with 10% and above shareholding) obtaining USA Citizenship/Green card/Passport in future within material time and authorize Bank of Maldives to disclose required information to Inland Revenue Services in USA.

We declare that our company/entity is a tax resident of U.S./our beneficial owners (with 10% and above shareholding) are U.S tax residents /Beneficiary of US sourced income and authorize Bank of Maldives PLC to disclose required information to Inland Revenue Services 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
Customers who does not fall under W9 category above <ul style="list-style-type: none"> • Non-resident alien • U.S birth place (without Citizenship and Lawful Permanent Residency) • U.S Address (residence, correspondence, or PO Box) • One or more U.S telephone numbers • Account at a U.S Bank • Power of Attorney or signatory authority granted to person with US address 	W-8BEN

SIGNATURE:

TERMS & CONDITIONS

I hereby agree:

- That the information and documents presented for identification purposes may be verified by the Bank's employee having an appropriate authority.
- That information provided can be used only by the Bank for customer relationship purposes.
- That the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform the Bank of any changes therein, immediately.
- To be bound by the terms and conditions which apply and which may from time to time change to account(s) opened and service(s) requested by me with the Bank.
- That having read the Terms and Conditions of this form (Information Form for Businesses and Institutions) and agree to abide by and be bound by the same including any changes therein from time to time.
- That in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be liable for it.

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date

Name

Designation

Signature

1.

2.

3.

4.

Seal

If more than four signatories are required, please take a photocopy of this page, complete for the additional signatories and submit along with this form.

