

INFORMATION FORM

Personal Banking Customers

If you have already submitted this form and some information needs to be updated fill in your name, ID card number and relevant sections to be changed.

New Customer

If you need to update only certain parts of this form

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 PP for Foreigners)

ID Card No.
(For Maldivians)

ID Card Expiry

Passport No.
(For Foreigners)

Passport Expiry
(For Foreigners)

Work Permit/Visa
(For Foreigners)

Work Permit Expiry
(For Foreigners)

Date of Birth

Place of Birth

Nationality

Marital Status

Single

Married

Gender

Female

Male

No. of Children

No. of Dependents

Educational Qualification

Primary

Secondary

Degree

High School / Diploma

Masters

Professional

Other, please specify

CONTACT DETAILS

Mobile No.

Email

Home No.

Office No.

Permanent Address

House / Building Name

Street Name

Flat No. / Floor

Atoll, Island

Post Code

Country

Present Address
(If different from above)

House / Building Name

Street Name

Flat No. / Floor

Atoll, Island

Post Code

Country

Preferred Mailing Address

Permanent

Present

SIGNATURE:

EMPLOYMENT DETAILS

Employment Status Salaried Self employed Unemployed Student Retired

Employment Sector Civil/State Private Public Military
 Political Volunteer Judiciary
 Others, please specify

Occupation/Designation

Employer Name

Length of service Years Months

Address of Employer

House / Building Name Street Name

Flat No. / Floor Atoll, Island

Post Code Country

Name of Previous Employer
 To be filled if you have been in your current job for less than six months

Length of service Years Months

FINANCIAL DETAILS

Sources of Wealth or Income

Salary Profit Income
 Interest in Time Deposit Pension
 Sale of Property/vessel/vehicle Gift/donations
 Family Remittance Rent
 Others, please specify

Monthly Salary MVR
 (including allowances)

Less than 5,000 5,000 to 15,000
 15,000 to 30,000 30,000 to 45,000
 45,000 to 60,000 Over 60,000

Other Income MVR
 (Bank may ask for supporting documents for additional income declared)

Less than 5,000 5,000 to 15,000
 15,000 to 30,000 30,000 to 45,000
 45,000 to 60,000

Monthly Living Expenses 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 Over 60,000
 60,000 to 80,000 80,000 to 100,000
 100,000 to 200,000 Over 200,000

Businesses Involved
(If you require additional space, please use an additional sheet)

List of all the businesses involved in (even if no bank account) and designation

Name of Business	Designation
.....
.....
.....

Your Assets
(Please fill all applicable details)

Fixed Deposit
 Provident Fund
 Shares
 Pension Fund
 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 mortgaged property(s)
.....

Vehicle/Vessel
Please write the quantity of each type of vehicle or vessel you own in the boxes provided below:

Motorcycle
 Car
 Vessel
 Other, please specify.....

Is your vehicle / vessel insured? No Yes, please list all insured vehicle(s)
.....

Other Banks
(Please tick all banks where you operate an account)

BOC
 HSBC
 HBL
 MIB
 MCB
 SBI
 Other, please specify.....

TERMS & CONDITIONS

I hereby agree:

- That the information and documents presented for identification purposes may be verified by the Bank's employee with appropriate authority.
- That the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform the Bank of any changes therein, immediately.
- That information provided can be used only by the Bank for customer relationship purposes.
- 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.
- That 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 liable for it.

FATCA Declaration

- I declare that I do not possess USA nationality/ Lawful Permanent Residency /passport as on date. I further undertake to inform the Bank my obtaining USA Citizenship/ Green card/Passport in future within material time and authorize Bank of Maldives PLC to disclose required information to Inland Revenue Services in USA.
- I declare that I possess USA nationality/Lawful Permanent Residency/Passport 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

.....
Date

