

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
(Passport Expiry for Foreigners only)

Work Permit / Visa No.
(For Foreigners)

Work Permit / Visa Expiry
(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 different from above)

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 _____

Employer Name _____

Worksite (if applicable) _____

FINANCIAL DETAILS

Sources of Income Salary Family Remittance Rent
 Business Income Pension Other, please specify _____

Total Income 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) _____

Businesses Involved
 (If more than five declaration, please take a photocopy of this page, complete for the additional declarations and submit along with this form.)

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

Name of Business	Designation
_____	_____
_____	_____
_____	_____
_____	_____

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

HSBC SBI MCB MIB
 BOC HBL CBM 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 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 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.

Politically Exposed Person (PEP) Declaration (For PEP definitions, please refer PEP Identification form)

I declare that I am not a PEP, not a family member/associated with a PEP

I declare that I am a PEP, family member/associated with a PEP (Please submit the PEP Identification form)

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

