

INFORMATION FORM

PERSONAL BANKING CUSTOMERS

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

Please fill form in CAPITAL LETTERS

PERSONAL DETAILS			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify			
Full Name (as in ID Card)			
ID Card No.	<input type="text"/>	ID Card Expiry	<input type="text"/>
Passport No. (For Foreigners)		Passport No. Expiry (For Foreigners)	<input type="text"/>
Work Permit/Visa (For Foreigners)		Work Permit/Visa Expiry (For Foreigners)	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	
Nationality			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
No. of Children		No. of Dependants	
Educational Qualification	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Degree <input type="checkbox"/> High School/ Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Professional <input type="checkbox"/> Other, please specify		

CONTACT DETAILS			
Mobile No.	<input type="text"/>	Email Address
Home No.	<input type="text"/>	Office No.	<input type="text"/>
Permanent Address	House/Building Name		
	Flat No./Floor	Street Name	
	Island Atoll/City	Postcode	
	Country		
Present Address (If different from above)	House/Building Name		
	Flat No./Floor	Street Name	
	Island Atoll/City	Postcode	
	Country		
Preferred Mailing Address	<input type="checkbox"/> Permanent <input type="checkbox"/> Present		

EMPLOYMENT DETAILS

Employment Status	<input type="checkbox"/> Salaried <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student <input type="checkbox"/> Retired			
Employment Sector	<input type="checkbox"/> Civil/State <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Military <input type="checkbox"/> Political <input type="checkbox"/> Volunteer <input type="checkbox"/> Judiciary <input type="checkbox"/> Other, please specify			
Occupation/Designation				
Employer Name				
	Length of service: <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			
Address of Employer	House/Building Name			
	Flat No./Floor		Street Name	
	Island Atoll/City		Postcode	
	Country			
Name of Previous Employer If you have been in your current job for less than six months				
	Length of service: <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/> Months			

FINANCIAL DETAILS

Sources of Wealth or Income	<input type="checkbox"/> Salary/Profit Income <input type="checkbox"/> Interest in Time Deposit <input type="checkbox"/> Sale of Property/vessel/vehical <input type="checkbox"/> Family Remittance <input type="checkbox"/> Gift/donations <input type="checkbox"/> Rent <input type="checkbox"/> Others, please specify		
Monthly Salary MVR (including allowances)	<input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 to 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 45,000 <input type="checkbox"/> 45,000 to 60,000 <input type="checkbox"/> Over than 60,000	Monthly Living Expenses MVR	<input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 to 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 45,000 <input type="checkbox"/> 45,000 to 60,000 <input type="checkbox"/> Over than 60,000
Other Income MVR	<input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 to 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 45,000 <input type="checkbox"/> 45,000 to 60,000 <input type="checkbox"/> Over than 60,000		

Your Assets (Please fill all applicable details)	<input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Provident Fund <input type="checkbox"/> Shares <input type="checkbox"/> Pension Fund
	<input type="checkbox"/> Property, please list name/country of each property Is your property mortgaged? <input type="checkbox"/> No <input type="checkbox"/> Yes Is your property insured? <input type="checkbox"/> No <input type="checkbox"/> Yes please list all insured property(s) <input type="checkbox"/> Vehicle Please write the quantity of each type of vehicle you own in the boxes provided below: <input type="checkbox"/> Motorcycle <input type="checkbox"/> Car <input type="checkbox"/> Vessel <input type="checkbox"/> Other, please specify Is your vehicle insured? <input type="checkbox"/> No <input type="checkbox"/> Yes please list all insured vehicle(s)
Other Banks (Please tick all banks you use)	<input type="checkbox"/> HSBC <input type="checkbox"/> SBI <input type="checkbox"/> MCB <input type="checkbox"/> Maldives Islamic Bank <input type="checkbox"/> Bank of Ceylon <input type="checkbox"/> HBL <input type="checkbox"/> Other, please specify

TERMS & CONDITIONS

I/we 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 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/we are aware that I/we may be liable for it.

.....
 Signature

D	D	M	M	Y	Y	Y	Y
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Date

FOR BANK USE ONLY

Customer No	<input type="text"/>			
Customer Name	<input type="text"/>			
	Staff ID	Staff Signature	Branch/Section	Date
Form and supporting documents received as per checklist by				
Information and signature verified by				
KYC updated on T24 by				
Application scanned and uploaded to Sharepoint by				
Application input to CRM by				
Application checked from CRM by				