

INFORMATION FORM BUSINESSES & 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.

Please fill form in CAPITAL LETTERS

New Customer Existing Customer

For Bank use only	
Customer No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
CRM No:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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"/> Other, please specify		
Name of Business/Institution			
Registration No (Business /Institution)			
Trading Name (If different from business name)			
Registration No (If different from business reg. no.)			
Name of Reporting Institution/ Parent Company (Where applicable)			
Registration No (For Parent Company) /ID Card No. (Business Owner)			
Name of Sole Proprietor			
ID Card No. (For Sole Proprietor)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	ID Card Expiry (Business Owner/Sole Proprietor)	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Business Registration Expiry (For Sole Proprietor)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Tax ID No.		Date of Commencement of Business	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Country of Incorporation		Date of Incorporation	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
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"/> Other, please specify From the above list please specify the primary business activity		
No. of Executives (Refers to Directors/Partners/Executives of an institution)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	No. of Employees	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CONTACT DETAILS

Contact Person	
Name:
Mobile No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Designation

Registered Address	House/Building Name	
	Flat No./Floor	Street Name
	Island Atoll/City	Postcode
	Country	
Correspondence Address (If different from above)	House/Building Name	
	Flat No./Floor	Street Name
	Island Atoll/City	Postcode
	Country	
Telephone No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email Address
Fax No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Website

FINANCIAL DETAILS

Capital Invested MVR		Annual Revenue MVR	
Sources of Funding	<input type="checkbox"/> Interest in Time Deposits <input type="checkbox"/> Trade Remittance <input type="checkbox"/> Donation <input type="checkbox"/> Sales & Business Turnover <input type="checkbox"/> Others, please specify		
Assets (Please fill all applicable details)	<input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Shares		
	<input type="checkbox"/> Property, please list name/country of each property		
	Is your property mortgaged? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list all mortgaged property(s)		
	Is your property insured? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list all insured property(s)		
Vessel, please write the quantity of each type of vessel you own in the boxes provided below: <input type="checkbox"/> Safari/Yacht <input type="checkbox"/> Speed Launch <input type="checkbox"/> Cargo/Supply <input type="checkbox"/> Ferry Service <input type="checkbox"/> Fishing <input type="checkbox"/> Other, please specify type and quantity Is the vessel mortgaged? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list all mortgaged vessel(s) Is the vessel insured? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list all insured vessel(s)			
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"/> Other, please specify type and quantity Is your vehicle insured? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list all insured vehicle(s)			

