

# 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

New Customer  Existing Customer

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

### PERSONAL DETAILS

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

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



<b>Businesses Involved</b> (If more than four 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 <table border="0"> <tr> <td style="width: 50%;">Name of Business</td> <td style="width: 50%;">Designation</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	Name of Business	Designation	.....	.....	.....	.....	.....	.....
Name of Business	Designation								
.....	.....								
.....	.....								
.....	.....								
<b>Your Assets</b> (Please fill all applicable details)	<table border="0"> <tr> <td><input type="checkbox"/> Fixed Deposit</td> <td><input type="checkbox"/> Provident Fund</td> </tr> <tr> <td><input type="checkbox"/> Shares</td> <td><input type="checkbox"/> Pension Fund</td> </tr> </table>	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Provident Fund	<input type="checkbox"/> Shares	<input type="checkbox"/> Pension Fund				
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<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, please list all mortgaged property(s) ..... Is your property insured? <input type="checkbox"/> No <input type="checkbox"/> Yes, please list all insured property(s) ..... <b>Vehicle/Vessel</b> Please write the quantity of each type of vehicle or vessel 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 / vessel insured? <input type="checkbox"/> No <input type="checkbox"/> Yes please list all insured vehicle(s) .....								
<b>Other Banks</b> (Please tick all banks where you operate an account)	<table border="0"> <tr> <td><input type="checkbox"/> HSBC</td> <td><input type="checkbox"/> SBI</td> <td><input type="checkbox"/> MCB</td> <td><input type="checkbox"/> Maldives Islamic Bank</td> </tr> <tr> <td><input type="checkbox"/> Bank of Ceylon</td> <td><input type="checkbox"/> HBL</td> <td><input type="checkbox"/> Other, please specify</td> <td>.....</td> </tr> </table>	<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	.....
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<input type="checkbox"/> Bank of Ceylon	<input type="checkbox"/> HBL	<input type="checkbox"/> 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.

FATCA Declaration

- 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.
- 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.

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 Signature

D	D	M	M	Y	Y	Y	Y
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Date