

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"/> <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"/>

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. (For Maldivians)	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Passport No. (For Foreigners)		Passport No. Expiry (For Foreigners)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Work Permit/Visa (For Foreigners)		Work Permit/Visa Expiry (For Foreigners)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Email Address
Home 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"/>	Office 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"/>
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		

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Signature

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 <input type="checkbox"/> Profit Income <input type="checkbox"/> Interest in Time Deposit <input type="checkbox"/> Pension <input type="checkbox"/> Sale of Property/vessel/vehical <input type="checkbox"/> Gift/donations <input type="checkbox"/> Family Remittance <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 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 60,000
Other Income MVR (Bank may ask for supporting documents for additional income declared)	<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"/> 60,000 to 80,000 <input type="checkbox"/> 80,000 to 100,000 <input type="checkbox"/> 100,000 to 200,000 <input type="checkbox"/> Over 200,000	

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Signature

Businesses Involved (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>Name of Business</td> <td>Designation</td> </tr> <tr> <td>.....</td> <td>.....</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										
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Your Assets (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) Vehicle/Vessel 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)										
Other Banks (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 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

Descriptions	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

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Signature

D	D	M	M	Y	Y	Y	Y
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Date