

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Country of Incorporation		Date of Incorporation	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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:	PP/ID Card No:
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 / Expected Turnover 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)		

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Signature and seal

Credit Facilities (Please fill all applicable details)	<input type="checkbox"/> Loan <input type="checkbox"/> Overdraft <input type="checkbox"/> Other, please specify		
	<input type="checkbox"/> No <input type="checkbox"/> Yes (please fill details below)		
Do you hold a Corporate Credit Card?	Bank	Type of Card	
		<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa <input type="checkbox"/> Other, please specify
		<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa <input type="checkbox"/> Other, please specify
		<input type="checkbox"/> AMEX	<input type="checkbox"/> Visa <input type="checkbox"/> Other, please specify
Please fill below your bank accounts held at other Banks			
Bank/Branch	Account Number	Account opened date	
	<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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
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FATCA Declaration (Entities)

- We declare that our company/entity is not a tax resident of U.S./our beneficial owners (with 10% and above shareholding) are not U.S tax residents as on date /our beneficiaries do not receive US sourced income. We further undertake to inform the Bank if we/our beneficial owners(with 10% and above shareholding) obtaining USA Citizenship/Green card/Passport in future within material time and authorize Bank of Maldives to disclose required information to Inland Revenue Services in USA.
- We declare that our company/entity is a tax resident of U.S./our beneficial owners (with 10% and above shareholding) are U.S tax residents /Beneficiary of US sourced income 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 incorporated entities	W9
Customers who does not fall under W9 category above <ul style="list-style-type: none"> • U.S Tax Alien • U.S Address (residence, correspondence, or PO Box) • One or more U.S telephone numbers • Account at a U.S Bank 	W-8BEN-E

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Signature and seal

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 service(s) requested by me with the Bank.
- That having read the Terms and Conditions of this form (Information Form for Businesses and Institutions) 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.

Name

Signature

Designation

Name

Signature

Designation

Name

Signature

Designation

Seal

Name

Signature

Designation

DDMMYYYY

Date

If more than four signatories are required, please take a photocopy of this page, complete for the additional signatories and submit along with this form.