

INFORMATION FORM

BUSINESS / INSTITUTIONS

FOR BANK USE ONLY

CIF NO

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 If submitting for Account Opening

 If submitting for information update (Please fill in Business/Institution name, Registration Number and the relevant sections to be changed)

SECTION A BUSINESS INFORMATION

Name of Business / Institution _____

 Registration No.
 (Business/Institution/Sole Proprietorship) _____

 Trading Name
 (if different from business name) _____

 Registration No.
 (if different from business Reg No.) _____

 Name of parent company/
 Business owner _____

 Registration No./ID Card No.
 (Parent Company/ Owner) _____

 ID Card Expiry Date

D	D	M	M	Y	Y	Y	Y
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 Date of Incorporation

D	D	M	M	Y	Y	Y	Y
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Tax ID No _____

 Date of commencement
 of Business

D	D	M	M	Y	Y	Y	Y
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Country of Incorporation _____

 Business Reg Expiry Date

D	D	M	M	Y	Y	Y	Y
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Type of Business

- | | | |
|---|---|--|
| <input type="checkbox"/> Public Limited Company | <input type="checkbox"/> Private Limited Company | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Cooperative Society | <input type="checkbox"/> Club/Association/NPO/NGO | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Government Institution | <input type="checkbox"/> Other, specify _____ | |

Nature of Business

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Transport | <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Construction |
| <input type="checkbox"/> Health Service | <input type="checkbox"/> Retail / Wholesale Trading | <input type="checkbox"/> Catering / Restaurant | <input type="checkbox"/> Education / Training |
| <input type="checkbox"/> Travel / Tourism | <input type="checkbox"/> Fisheries | <input type="checkbox"/> Professional / Consulting | |
| <input type="checkbox"/> Export (Please specify) _____ | | | |
| <input type="checkbox"/> Import (Please specify) _____ | | | |
| <input type="checkbox"/> Other (Please specify) _____ | | | |

 From the above list, please specify your primary business activity

No.of Directors _____

No.of Employees _____

SECTION B CONTACT INFORMATION

 Contact person name
 (on behalf of company) _____

ID Card No. _____

Mobile No. _____

Email Address _____

Designation _____

Registered Address**Correspondence Address** (if different from registered address)

House/Building Name _____

House/Building Name _____

Flat No/Floor _____

Flat No/Floor _____

Street Name _____

Street Name _____

District _____

District _____

City/island _____

City/island _____

Atoll _____

Atoll _____

Country _____

Country _____

Postal Code _____

Postal Code _____

Telephone No. _____

Email Address _____

Fax No. _____

Website _____

SECTION C FINANCIAL DETAILS

Capital Invested (MVR) _____

Estimated Annual Revenue (MVR) _____

Are the audited financial statements available? Yes No

Estimated Monthly Deposits (MVR) Less than 200,000 200,000 to 500,000 500,000 to 1,000,000 1,000,000 to 5,000,000

Less than _____

Estimated Monthly Withdrawals (MVR) Less than 200,000 200,000 to 500,000 500,000 to 1,000,000 1,000,000 to 5,000,000

Less than _____

Estimated number of Transactions 0 - 10 10 - 20 20 - 30 More than 30

Credit Facilities

Bank	Amount	Facility Type

Corporate Credit Card

Does the company hold a credit card No Yes (if yes, fill the below information)

Bank	AMEX	VISA	Other, Specify

TERMS AND CONDITIONS

This declaration is made to Maldives Islamic Bank Pvt Ltd

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 will be liable for it.

(Declaration: To be signed according to the Quorum of the Business/ company)

Name	NID / PP / Work Visa Number	Designation	Signature

Seal

D	D	M	M	Y	Y	Y	Y
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(Please complete Annexure 1 - Customer Risk Rating sheet and attach with this form)

CRP Rating KYC update frequency Annually Once in 2 years Once in 3 years

Risk Categorization Low Medium High

Name of staff _____ Staff ID _____ Signature _____

Forms and supporting documents	Staff ID	Signature	Date
Received by			
Checked by			
Authorized by			