

**FOR BANK USE ONLY**

CIF No:

New Acc:  Dormant  Update

*If you are submitting for an information update, please complete section A and relevant sections to be changed*

**SECTION A PERSONAL INFORMATION**

Title  Mr  Ms  Mrs  Dr  Other , Please specify \_\_\_\_\_

Full Name (as in ID card/PP for foreigners) \_\_\_\_\_

National ID Card No. \_\_\_\_\_ ID Card Expiry Date 

D	D	M	M	Y	Y	Y	Y
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Passport No. (for foreigners) \_\_\_\_\_ Passport Expiry Date (for foreigners) 

D	D	M	M	Y	Y	Y	Y
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Work Permit/Visa No. (for foreigners) \_\_\_\_\_ Work Permit/Visa Expiry Date 

D	D	M	M	Y	Y	Y	Y
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Date of Birth 

D	D	M	M	Y	Y	Y	Y
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 Nationality \_\_\_\_\_

Gender  Male  Female Marital Status  Single  Married

No. of Dependants \_\_\_\_\_ Passphrase \_\_\_\_\_

Educational Qualification  Basic Education  Primary  Secondary/Higher Secondary  Degree  Masters  Professional  
 Other, specify \_\_\_\_\_

**SECTION B CONTACT INFORMATION**

Mobile Number \_\_\_\_\_ Email Address \_\_\_\_\_

Home Number \_\_\_\_\_ Office Number \_\_\_\_\_

**Permanent Address** (as in ID card/Passport)

House/Building Name \_\_\_\_\_

Flat No/Floor \_\_\_\_\_

Street Name \_\_\_\_\_

City/Island/Atoll \_\_\_\_\_

Postal Code \_\_\_\_\_

Preferred mailing address  Permanent

**Present Address** (if different from permanent)

House/Building Name \_\_\_\_\_

Flat No/Floor \_\_\_\_\_

Street Name \_\_\_\_\_

City/Island/Atoll \_\_\_\_\_

Postal Code \_\_\_\_\_

Present

**Next of kin (Optional)**

In case of my death or to ascertain my whereabouts, please enquire from /inform the status of my account to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Email Address \_\_\_\_\_

National ID Card No. \_\_\_\_\_ Mobile/Telephone No. \_\_\_\_\_

**SECTION C****SOURCES OF INCOME AND OTHER FINANCIAL DETAILS****EMPLOYMENT DETAILS:**

Employment Status  Salaried  Self employed  Unemployed  Student  Retired  
 N/A (minor account)

Employment Sector  Civil/State  Private  Public  Military/Police  Political  
 Volunteer  Judiciary  Other, please specify \_\_\_\_\_

**Monthly Salary (in MVR)**

(please specify including allowances)

Less than 10,000  10,000 to 35,000  35,000 to 50,000  More than 50,000

Employer Name \_\_\_\_\_

Occupation/ Designation \_\_\_\_\_

Joined Date: \_\_\_\_\_

**Address of Employer**

House/Building Name \_\_\_\_\_

City/Island/ Atoll \_\_\_\_\_

Flat No/Floor \_\_\_\_\_

Postal Code \_\_\_\_\_

Street Name \_\_\_\_\_

Name of previous employer \_\_\_\_\_

Length of Service \_\_\_\_\_

(if you have been in your current job for less than one year)

**OTHER FINANCIAL DETAILS:****Other Income (in MVR)**

(please specify the amount accordingly)

Profit Income \_\_\_\_\_  Pension \_\_\_\_\_  Gift/Donation \_\_\_\_\_  Rent \_\_\_\_\_

Sale of property \_\_\_\_\_  Family Remittance \_\_\_\_\_  Other \_\_\_\_\_

Less than 10,000  10,000 to 35,000  35,000 to 50,000  More than 50,000

If Self Employed, please specify the details: \_\_\_\_\_

Since \_\_\_\_\_

**Other businesses Involved**

Name of business \_\_\_\_\_

Designation \_\_\_\_\_

Name of business \_\_\_\_\_

Designation \_\_\_\_\_

Name of business \_\_\_\_\_

Designation \_\_\_\_\_

**ASSETS:**

- Building                       Land                       Provident Fund                       Pension Fund  
 Fixed Deposit                       Shares                       Vehicles/ Vessels                       None

Others, please specify \_\_\_\_\_

Property, please list name and country of each property \_\_\_\_\_

Is your property mortgaged?     No                       Yes, list all the mortgaged property(s) \_\_\_\_\_

Is your property insured?     No                       Yes, list all insured property(s) \_\_\_\_\_

Vehicle/Vessel     Motorcycle     Car                       Vessel                       Others, specify \_\_\_\_\_

Is your vehicle/ vessel insured?     No                       Yes, list all insured vehicle(s) \_\_\_\_\_

If you are operating accounts in other banks, please specify accordingly

- HSBC                       SBI                       MCB                       BML                       CBM  
 BOC                       HBL                       Others, specify \_\_\_\_\_                       None

Loans or other facilities with other institutions

Description	Repayment Amount	Frequency	Expiry Date

**SECTION D ACCOUNT TRANSACTION INFORMATION**

Estimated monthly value of transactions ( in MVR)

- Less than 15,000     15,000 to 30,000     30,000 to 50,000     50,000 to 200,000  
 200,000 to 500,000     500,000 to 1,000,000     More than 1,000,000, please specify a minimun amount \_\_\_\_\_

Estimated monthly volume of transactions

- 0 - 10                       10 - 20                       20 - 30                       More than 30

**1. Please tick the appropriate box if you are in any of the following positions:**

- Heads of State/Heads of Governments (example: President, Vice President, Prime Ministers)
- Cabinet Ministers & State Ministers [includes Deputy or Assistant Ministers]
- Members of Parliament [Any Similar Legislative Bodies]
- Judges & Magistrates
- Elected Council Members
- Members & Senior Most Officials of a State Agency or Institution [like board members of central banks]
- Senior Military Officials
- Senior Officials appointed as per the provisions of a specific law (example: Head of FIU)
- Senior Political Appointees of a Government (example: Coordinators at various Ministries)
- Board Members of State-Owned Enterprises
- Foreign and Local Diplomats [include ambassadors, chargés d'affaires etc.]
- Senior Political Party Members [including members of the governing bodies of political parties]

**OR****2. If none of the above is applicable, please tick any of the following:**

- I am actively seeking or being considered for above stated positions;
- I have been retired for less than 12 months from the above mentioned positions;
- My Close Family Members [Parents, Spouses, Children, sibling etc.] – are holding, OR actively seeking OR being considered OR retired for less than 12 months from the above stated positions. (Please Complete below)
- Any individual holding any of the above stated position is associated party with my Business and holds more than 25% voting rights/share in your Business/Company; (Please Complete below)
- Any individual holding any of the above stated position has significant influence over the policy, business and strategy of my Business/Company implying that the individual takes part in day to day management and the position is not an isolated consultative role or a non—executive role. (Please Complete below)
- I have a joint beneficial ownership of a legal entity or a legal arrangement (for example company or trust etc.) or any other close business relationship with an individual holding any of the above stated positions;
- I have a sole beneficial ownership of a legal entity or a legal arrangement (for example company or trust etc.) which is set up by a person holding any of the above stated positions;
- None of the above

**3. If YES, please specify the details**

Full Name \_\_\_\_\_

Occupation / Designation \_\_\_\_\_

## FATCA DECLARATION

Are you a citizen of any other country?  No  Yes, name of the country \_\_\_\_\_

Home Address \_\_\_\_\_

Do you hold a green card of USA?  Yes  No      Are you a work permit holder of USA  Yes  No

I declare that I possess USA nationality/Lawful Permanent Residency/Passport and authorize Maldives Islamic Bank 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 of obtaining USA Citizenship/Green card/Passport in future within material time and authorize Maldives Islamic Bank to disclose required information to Inland Revenue Services in USA.

## TERMS AND 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 will be liable for it.

Signature _____	If updating the specimen signature:    New Signature _____
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Date: 

D	D	M	M	Y	Y	Y	Y
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## FOR BANK USE ONLY

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

CRP Rating	<input type="checkbox"/> <input type="checkbox"/>	Risk Categorization	Low <input type="checkbox"/>	High <input type="checkbox"/>
Sanction List checked	<input type="checkbox"/>	KYC update frequency	Annually <input type="checkbox"/>	Once in 3 years <input type="checkbox"/>

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