

**INFORMATION FORM**

BUSINESS / INSTITUTIONS

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.) _____

Date of Incorporation _____

Tax ID No. _____

Date of commencement
of Business _____

Country of Incorporation _____

Business Reg Expiry Date _____

Type of Business

Public Limited Company

Private Limited Company

Sole Proprietorship

Cooperative Society

Club/Association/NPO/NGO

Partnership

Government Institution

Other, specify _____

Nature of Business

Agriculture

Professional / Consulting

Manufacturing

Construction

Travel / Tourism

Health Service

Retail / Wholesale Trading

Catering / Restaurant

Education / Training

Fisheries

Transport

Export (Please specify) _____

Import (Please specify) _____

Other (Please specify) _____

From the above list, please specify your primary business activity _____

Retail outlet / Location Name _____

SECTION B CONTACT INFORMATION

Contact person name

(on behalf of company) _____

Designation _____

ID Card No. _____

Email Address _____

Mobile No. _____

Fax No. _____

Office No. _____

Business Registered Address

House/Building Name _____

Flat No/Floor _____

Street Name _____

Atoll/ Island/City _____

Country _____

Correspondence Address (if different from registered address)

House/Building Name _____

Flat No/Floor _____

Street Name _____

Atoll/ Island/City _____

Country _____

SECTION C FINANCIAL DETAILS

Capital Invested (MVR) _____ Estimated Annual Revenue (MVR) _____

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
 Above 5,000,000 Please specify _____

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
 Above 5,000,000 Please specify _____

Estimated number of Transactions 0 - 20 20 - 50 More than 50 Please specify _____

TERMS AND CONDITIONS

This declaration is made to Maldives Islamic Bank Plc.

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 _____

Date _____

FOR BANK USE ONLY

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

CRP Rating Risk Categorization Low High
 Sanction List checked KYC update frequency Annually Once in 3 years

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



MALDIVES ISLAMIC BANK

INFORMATION FORM BUSINESS / INSTITUTIONS

FOR BANK USE ONLY

CIF NO

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

SECTION D TAX INFORMATION

Tax Identification Number (MIRA) _____

Tax Identification Number _____
(Applicable in any other country must be declared under CRS)

I/we hereby agree

- I am / we are not registered as a tax resident in a foreign jurisdiction;
- It is my/ our sole responsibility to inform the Bank if I/ we get registered as a tax resident of any foreign jurisdiction, at any time in the future.

Signature _____

Signature _____

Date _____