

ACCOUNT OPENING FORM - INDIVIDUAL

For Bank Use Only																			
CIF No.:	<input type="text"/>									Joint CIF No.:	<input type="text"/>								
A/C No.:	<input type="text"/>																		
A/C No.:	<input type="text"/>																		

Personal Information

Title: Mr. Ms. Mrs. Dr. Other, please specify:

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

National ID Card No.:

Passport No.:
(foreigners only)

Account Information

Select Account Type: Saving Current Other:

Select Currency: MVR USD EUR(only for current account) GBP AED
 MYR CNY INR Other:

Specify Deposit Amount:

Select How Deposit is Paid: Cash Deduct from my bank account specified below:

Do you wish to make this account a Joint Account?

Yes (If Yes, please specify no. of joint applicants including the primary joint applicant)

Please fill out a joint account opening supplementary form for each additional Joint Account holder.

How frequently do you wish to receive the

Bank statement:

State the Email address you would like to receive the statement:

Would you like to request additional services?	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Card Services
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Declaration

This declaration is made to Development Bank of Maldives

I/we hereby agree

- To having read, understood and expressly assent to be bound by the Bank's Terms and Conditions as amended from time to time.
- To be bound by the list of Bank charges amended from time to time.
- The information that I have provided in this application is true and accurate.
- That the information and documents provided for identification purposes shall be subject to verification by an authorized employee of the Bank.
- 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 immediately.
- To the terms and conditions of the services of the Bank, which may change from time to time.
- To the applicable fees on the List of Bank Charges as amended, published in the official website of the Bank from time to time.
- That if any of the above information is found to be false, untrue, misleading, or misrepresented, I will be liable.
- I hereby declare and acknowledge that the information I had previously provided to the Bank shall be considered the most current and relevant, unless new or additional information is not provided in the information form.
- It is my sole responsibility to inform the Bank if I get registered as a tax resident of any foreign jurisdiction, at any time in the future

This declaration is made to Development Bank of Maldives. (the "Bank" or "DBM"); by checking this box I/we acknowledge and agree to this declaration above;

Signature _____
Designation _____

Date _____

KYC/ INFORMATION FORM - INDIVIDUAL

For Bank Use Only

CIF No.:

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Joint CIF No.:

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A/C No.:

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Personal Information

Title: Mr. Ms. Mrs. Dr. Other, please specify:Full Name:
(as in ID card / PP for
foreigners)Gender: Male Female

Date of Birth:

ID Card/ Passport No.:
(Passport No. for foreigners only)ID Card/ Passport Expiry:
(foreigners only)Work Permit/Visa No.:
(foreigners only)Work Permit/Visa Expiry:
(foreigners only)

Nationality:

Marital Status: Single Married Widowed Divorced

Place of Birth:

No. Of Dependents:

Contact Information

Mobile Number:

Home / Office No.:

Email Address:

Permanent Address

House/Building Name:

Street Name:

Flat No/Floor:

Atoll, Island/City:

Country:

Post Code:

Mailing Address (If different from permanent address)

House/Building Name:

Street Name:

Flat No/Floor:

Atoll, Island/City:

Country:

Post Code:

Next of kin

Name:

Mobile No.:

Relationship:

Employment Details

Employment Status: Salaried Self-employed Retired Unemployed StudentEmployment Sector: Civil/State Private Public Military/Police Political Volunteer
 Judiciary Other, specify:

Employer Name:

Joined Date:

Occupation/Designation:

Salary Amount:

Financial Details

Sources of Income / Wealth: Salary Family Remittance Rent Business Income Pension
 Other, specify:Total Monthly Income in MVR: Less than 5,000 5,000 to 15,000 15,000 to 30,000 30,000 to 45,000
Pension 45,000 to 60,000 60,000 to 80,000 80,000 to 100,000 100,000 to 200,000
 Above 200,000 (please specify):

Taxpayer Identification Number (TIN) (If applicable):

Businesses Involved:
(If more than 5 businesses involved, please take a copy of this page to include the additional details and submit with this form.)

List of all the businesses involved in (even if no bank account opened or maintained) and designation

Name of Business

Designation

Other Banks:
(Please Specify)

FATCA Declaration & CRS Declaration

Are you a citizen of any other country?
(if different from home country) No Yes, name of the country

Are you registered as a tax resident in a foreign jurisdiction? (as in ID card / PP for foreigners) No Yes, name of the country / Tax ID No/SSN/SSA

Are you registered as a tax resident in Maldives? No Tax ID No (MIRA)

Please select which from the below is applicable to you:

I declare that I possess USA nationality/Lawful Permanent Residency/Passport and authorize Development Bank of Maldives to disclose required information to Inland Revenue Services of USA under FATCA. Please fill out and submit the W-9 or W-8BEN form.

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 Development Bank of Maldives to disclose required information to Inland Revenue Services in USA.

CRS Declaration

I confirm that I am not a resident in any other country other than Maldives.

I confirm that I am a resident in a country other than Maldives. If yes, please fill in CRS Residency Declaration Form.

Politically Exposed Person (PEP) Declaration

I declare that I, or any member of my family or any of my close associates, do not hold any position at a public office of prominence, nor have held any such position in the past.

I declare that I, or any member of my family or a close associate, hold or have held a position at public office of prominence:

Please provide the following information if are a PEP:

Official Designation/Title: _____

Place of Designation: _____

Country of Office: _____

Period Position Held: _____
(From: [Date] to: [Date/Active])

Please provide the following information if are associated with a PEP:

Full Name: _____

Relationship with Applicant: _____

Official Designation/Title: _____

Place of Designation: _____

Country of Office: _____

Period Position Held: _____
(From: [Date] to: [Date/Active])

Full Name: _____

Relationship with Applicant: _____

Official Designation/Title: _____

Place of Designation: _____

Country of Office: _____

Period Position Held: _____
(From: [Date] to: [Date/Active])

Full Name: _____

Relationship with Applicant: _____

Official Designation/Title: _____

Place of Designation: _____

Country of Office: _____

Period Position Held: _____
(From: [Date] to: [Date/Active])

Full Name: _____

Relationship with Applicant: _____

Official Designation/Title: _____

Place of Designation: _____

Country of Office: _____

Period Position Held: _____
(From: [Date] to: [Date/Active])

Full Name: _____

Relationship with Applicant: _____

Official Designation/Title: _____

Place of Designation: _____

Country of Office: _____

Period Position Held: _____
(From: [Date] to: [Date/Active])

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 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 and in certain specific circumstances, the bank may still process data in view of its statutory obligations.
- To provide appropriate information/and or documents (including identity proof, profile details of account holder/s, beneficial owners, etc.) in accordance with laws, regulations, international standards, and best practices.
- 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.
- I hereby declare and accept that the information I had previously provided to the Bank shall be accepted as the most current and relevant information in reference to those parts of the form which I have not provided new or additional information.
- 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

If updating the specimen signature:

Signature

Signature

Date:

For Bank Use Only

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