

reKYC/ INFORMATION FORM - INDIVIDUAL
For Bank Use Only

CIF No.:	<input type="text"/>	Joint CIF No.:	<input type="text"/>
A/C No.:	<input type="text"/>		

Personal Information

Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. <input type="checkbox"/> Other, please specify:	
Full Name: (as in ID card / PP for foreigners)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> 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: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
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:	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student/Minor
Employment Sector:	<input type="checkbox"/> Civil/State <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Military/Police <input type="checkbox"/> Political <input type="checkbox"/> Volunteer <input type="checkbox"/> Judiciary <input type="checkbox"/> Other, specify
Employer Name:	Joined Date:
Occupation/Designation:	Salary Amount:

Financial Details

Sources of Income / Wealth:	<input type="checkbox"/> Salary <input type="checkbox"/> Family Remittance <input type="checkbox"/> Rent <input type="checkbox"/> Business Income <input type="checkbox"/> Pension <input type="checkbox"/> Other, specify
Total Monthly Income in MVR:	<input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 to 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 45,000 <input type="checkbox"/> 45,000 to 60,000 <input type="checkbox"/> 60,000 to 80,000 <input type="checkbox"/> 80,000 to 100,000 <input type="checkbox"/> 100,000 to 200,000 <input type="checkbox"/> 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

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<hr/>	<hr/>
<hr/>	<hr/>

<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>
Other Banks: <input type="checkbox"/> BML <input type="checkbox"/> SBI <input type="checkbox"/> CBM <input type="checkbox"/> MIB <input type="checkbox"/> BOC (Please tick all banks where you <input type="checkbox"/> Other, specify operate an account)

FATCA Declaration & CRS Declaration

Are you a citizen of any other country? <small>(if different from home country)</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, name of the country
Are you registered as a tax resident in a foreign jurisdiction? <small>(as in ID card / PP for foreigners)</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes, name of the country / Tax ID No/SSN/SSA
Are you registered as a tax resident in Maldives?	<input type="checkbox"/> No	<input type="checkbox"/> Tax ID No (MIRA)
<input type="checkbox"/> 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. <input type="checkbox"/> 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. If Yes please fill the relevant FATCA form.		

CRS Declaration

<input type="checkbox"/> I confirm that I am not a resident in any other country other than Maldives. <input type="checkbox"/> 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

<input type="checkbox"/> I confirm that I, or any member of my family or any of my associates, do not hold any position at a public office of prominence, nor have held any such position in the past. <input type="checkbox"/> I confirm that I, or any member of my family or an associate, hold or have held a position at public office of prominence: Please tick the appropriate box if you have been holding any of the following positions: <input type="checkbox"/> Heads of State/Heads of Governments (example: President, Vice President, Prime Ministers) <input type="checkbox"/> Cabinet Ministers & State Ministers [includes Deputy or Assistant Ministers] <input type="checkbox"/> Members of Parliament [Any Similar Legislative Bodies] <input type="checkbox"/> Judges & Magistrates <input type="checkbox"/> Elected Council Members <input type="checkbox"/> Members & Senior most Officials of a State Agency or Institution [like members of boards of central banks] <input type="checkbox"/> Senior Military Officials (Chief and vice chief of defence force) <input type="checkbox"/> Senior Officials appointed as per the provisions of a specific law (example: Head of FIU) <input type="checkbox"/> Senior Political Appointees of a Government (example: Coordinators at various Ministries) <input type="checkbox"/> Board Members of State-Owned Enterprises (eg: STO, Fenaka, MWSC, Etc...) <input type="checkbox"/> Foreign and Local Diplomats [include ambassadors, charges d'affaires etc.] <input type="checkbox"/> Senior Political Party Members [including members of the governing bodies of political parties]
OR If the answer to the above is 'NO', please tick any of the following boxes, if applicable: <input type="checkbox"/> I am actively seeking or being considered for above stated positions. <input type="checkbox"/> I have been retired for less than 12 months from the above-mentioned positions. <input type="checkbox"/> 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) <input type="checkbox"/> 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) <input type="checkbox"/> 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.

Full Name: _____

Designation / Position: _____

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:

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(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			