

KYC/ 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
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:	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Student
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:
Please select which currency applies for the details below: <input type="checkbox"/> USD <input type="checkbox"/> MVR <input type="checkbox"/> Other, Please specify _____	
Total Monthly Income :	<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

Name of Business	Designation
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Other Banks:
(Please Specify)

FATCA Declaration & CRS Declaration

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