

CIF No.

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Branch

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## CUSTOMER INFORMATION FORM

PHOTO

Please paste your recent  
passport size photograph here

### GENERAL DETAILS

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Dr								
Full Name												
Nationality												
Date of Birth	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>				D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y					
Place of Birth												
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female										
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Other									
Educational Background	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> High School / Diploma									
	<input type="checkbox"/> Under Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional									

### IDENTIFICATION DETAILS

National ID / Work Permit	Number																		
	Issue Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Expiry Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												
Passport	Number																		
	Issue Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y	Expiry Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y
D	D	M	M	Y	Y	Y	Y												
D	D	M	M	Y	Y	Y	Y												

CONTACT DETAILS			
Mobile	<input type="text"/>		Home Phone <input type="text"/>
Email	<input type="text"/>		
Present Address	House Name	<input type="text"/>	Floor / Apartment <input type="text"/>
	Street	<input type="text"/>	Atoll, Island / City <input type="text"/>
	Country	<input type="text"/>	Postal Code <input type="text"/>
Permanent Address	House Name	<input type="text"/>	Floor / Apartment <input type="text"/>
	Street	<input type="text"/>	Atoll, Island / City <input type="text"/>
	Country	<input type="text"/>	Postal Code <input type="text"/>
Preferred Mailing Address	<input type="checkbox"/> Present Address <input type="checkbox"/> Permanent Address		

EMPLOYMENT DETAILS			
Employment Type	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired		
Employment Sector	<input type="checkbox"/> Government <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Other		
Occupation	<input type="text"/>		
Employer Name	<input type="text"/>		
Employer Address	House Name	<input type="text"/>	Floor / Apartment <input type="text"/>
	Street	<input type="text"/>	Atoll, Island / City <input type="text"/>
	Country	<input type="text"/>	Postal Code <input type="text"/>

FINANCIAL DETAILS									
Source of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Pension <input type="checkbox"/> Other <input type="text"/>								
Average Annual Income	MVR/USD <input type="text"/>								
Dealing with local Banks	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide name(s): <input type="text"/>								
Business Involvements	<table border="1"> <thead> <tr> <th>Name of Business</th> <th>Designation</th> </tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table>	Name of Business	Designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name of Business	Designation							
	<input type="text"/>	<input type="text"/>							
	<input type="text"/>	<input type="text"/>							
<input type="text"/>	<input type="text"/>								

## POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Politically Exposed Persons are individuals who are or have been entrusted with prominent public functions in a country e.g. Heads of State / Governments , Senior Politicians / Senior Governments / Judicial /Military Officers, Senior Executives of State-owned Corporations, important Political Party Officials, etc.

☐ 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

☐ I agree to inform bank whenever any change in PEP status of me, my family members and associates

☐ I confirm that I, or any member of my family or any of my associates, hold or held a position at a public office of prominence as mentioned below

PEP 1	Full Name																
	Relationship	<input type="checkbox"/> Self				<input type="checkbox"/> Family Member				<input type="checkbox"/> Close Associate							
	Designation							Office									
	From Date	D	D	M	M	Y	Y	Y	Y	To Date	D	D	M	M	Y	Y	Y
PEP 2	Full Name																
	Relationship	<input type="checkbox"/> Self				<input type="checkbox"/> Family Member				<input type="checkbox"/> Close Associate							
	Designation							Office									
	From Date	D	D	M	M	Y	Y	Y	Y	To Date	D	D	M	M	Y	Y	Y
PEP 3	Full Name																
	Relationship	<input type="checkbox"/> Self				<input type="checkbox"/> Family Member				<input type="checkbox"/> Close Associate							
	Designation							Office									
	From Date	D	D	M	M	Y	Y	Y	Y	To Date	D	D	M	M	Y	Y	Y
PEP 4	Full Name																
	Relationship	<input type="checkbox"/> Self				<input type="checkbox"/> Family Member				<input type="checkbox"/> Close Associate							
	Designation							Office									
	From Date	D	D	M	M	Y	Y	Y	Y	To Date	D	D	M	M	Y	Y	Y
PEP 5	Full Name																
	Relationship	<input type="checkbox"/> Self				<input type="checkbox"/> Family Member				<input type="checkbox"/> Close Associate							
	Designation							Office									
	From Date	D	D	M	M	Y	Y	Y	Y	To Date	D	D	M	M	Y	Y	Y

\* If more than 5 PEPs are involved, please fill in a copy of this page and attach with this form

## TAX STATUS

Tax Payer Identification (TIN) Numbers:

Tax Payer Identification Number	Country of Tax Residency

FATCA Undertaking:

- ☐ I confirm that I **do not possess** United States (US) green card/ nationality/ passport/ power of attorney given to or received from a US person as on date. I undertake to inform the Bank in the event of acquiring it at the material time in future and also authorise SBI to disclose the required information under FATCA to the relevant authority in such eventuality.
- ☐ I confirm that I **possess** United States (US) green card / nationality / passport / power of attorney given to or received from a US person as on date and authorise SBI to disclose the required information under FATCA to the relevant authority. Please fill an additional FATCA undertaking form provide by the bank. Social Security / TIN Number: \_\_\_\_\_

## TERMS AND CONDITIONS

- I agree and declare that the information in this form are true and correct to best of my knowledge. I undertake to inform the Bank any changes, therein.
- I have read and agree to Bank's Terms and Conditions

Signature

D	D	M	M	Y	Y	Y	Y
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Date

### Documents Required to Submit with this Form

- National Identity Card / Work Permit / Work Visa Card copy
- Passport copy (mandatory for expatriates)



## FOR BANK USE ONLY

Form Checked By	World-Check Checked By	Entered / Modified By	Verified By

RCIF/0223