

FOR BANK USE ONLY	
CIF No.	<input type="text"/>
Branch	<input type="text"/>

# 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	<input type="text"/>
Nationality	<input type="text"/>
Date of Birth	<input type="text"/>
Place of Birth	<input type="text"/>
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"/> Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> High School / Diploma <input type="checkbox"/> Under/Post Graduate <input type="checkbox"/> Professional
Purpose of Account Opening	<input type="checkbox"/> Salary Credit <input type="checkbox"/> Savings <input type="checkbox"/> Business Income <input type="checkbox"/> Rent Credit <input type="checkbox"/> Other; please specify: _____

IDENTIFICATION DETAILS			
National ID / Work Permit	Number	<input type="text"/>	
	Issue Date	<input type="text"/>	Expiry Date <input type="text"/>
Passport	Number	<input type="text"/>	
	Issue Date	<input type="text"/>	Expiry Date <input type="text"/>

RCIF/0623

Signature: \_\_\_\_\_

## CONTACT DETAILS

Mobile	<input type="text"/>	Home Phone	<input type="text"/>
Email	<input type="text"/>		
Present Address	House Name	<input type="text"/>	
	Street	<input type="text"/>	
	Floor / Apartment	<input type="text"/>	Atoll, Island / State, City <input type="text"/>
	Postal Code	<input type="text"/>	Country <input type="text"/>
Permanent Address	House Name	<input type="text"/>	
	Street	<input type="text"/>	
	Floor / Apartment	<input type="text"/>	Atoll, Island / State, City <input type="text"/>
	Postal Code	<input type="text"/>	Country <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"/>		
	Street	<input type="text"/>		
	Floor / Apartment	<input type="text"/>	Atoll, Island / State, City <input type="text"/>	
	Postal Code	<input type="text"/>	Country <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 _____			
Average Annual Income	MVR/USD <input type="text"/>			
Dealing with local Banks	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide name(s): _____			
Business Involvements	Name of Business		Designation	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	
	<input type="text"/>		<input type="text"/>	

RCIF/0623

Signature: \_\_\_\_\_

# 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

**i** Please submit a copy of National Identity Card / Work Permit / Work Visa Card & Passport copy (mandatory for expatriates)

## FOR BANK USE ONLY

### Check List

I certify that the signatures of the customer has been obtained face to face

I certify that the documents submitted by the customer & KYC have been verified with the originals and found correct

I certify that the applicant interviewed and purpose ascertained.  
Specify the purpose: \_\_\_\_\_

I certify that the Work check has been done and no adverse remarks found

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_

Form Checked By:

Form Verified By:

CRM Entered/Modified By:

CRM Verified By:

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Date: \_\_\_\_\_