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# CORPORATE INFORMATION FORM

GENERAL INFORMATION											
Corporate Name											
Registration Number		Date of Incorporation	<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				
Country of Incorporation											
Taxpayer Identification No.		Principle Place of Operation									
Countries of Business Operations Outside Maldives											
Class of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Private Limited Company <input type="checkbox"/> NPO / NGO / Charity	<input type="checkbox"/> Partnership <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Government Institution	<input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Association / Club / Society <input type="checkbox"/> Other _____								
Principle Business Activity	<input type="checkbox"/> Retail / Wholesale Trading <input type="checkbox"/> Food and Beverage <input type="checkbox"/> Health Service	<input type="checkbox"/> Import / Export <input type="checkbox"/> Education <input type="checkbox"/> Professional / Consultancy	<input type="checkbox"/> Travel / Tourism <input type="checkbox"/> Construction <input type="checkbox"/> Other _____								
Dealing with local Banks	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide name(s): _____										

CONTACT DETAILS																				
Registered Address																				
	City		Country		Postal Code															
Correspondence Address																				
	City		Country		Postal Code															
Preferred Mailing Address	<input type="checkbox"/> Registered Address		<input type="checkbox"/> Correspondence Address																	
Office Contact	Phone	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									Fax	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
E-mail																				
Key Contact Person	Name																			
	Mobile	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>									Designation									
E-mail																				

## FINANCIAL DETAILS

Trading Income	
Non-Trading Income	
Net Income	

## RELATED PARTY DETAILS

<b>Whether Part of a Group Concern?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide following details: <i>Group Name:</i> _____ <i>Activity Nature:</i> _____ <i>Place of Domicile:</i> _____
<b>Details of Sister / Associate Concerns</b>	_____ _____
<b>Whether Group Is Dealing With SBI?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, please provide following details: <i>Account No(s):</i> _____ <i>Name of Branch:</i> _____

## CASH HANDLING

<b>Sources of Cash Income</b>	_____ _____		
<b>Expected Expenses in Cash</b>	_____ _____		
<b>Expected Volume of Cash Withdrawal (Annually)</b>		<b>Expected Volume of Cash Deposit (Annually)</b>	

## REMITTANCE

<b>Expected Countries of Outgoing Remittance</b>	_____ _____		
<b>Expected Countries of Incoming Remittance</b>	_____ _____		
<b>Expected Volume of Outgoing Remittance (Annually)</b>		<b>Expected Volume of Incoming Remittance (Annually)</b>	

**DIRECTORS DETAILS**

<b>Director 1</b>	<b>Full Name</b>	
	<b>National ID / Work Permit No.</b>	
	<b>Passport No.</b>	
	<b>Nationality</b>	
	<b>Designation</b>	
<b>Director 2</b>	<b>Full Name</b>	
	<b>National ID / Work Permit No.</b>	
	<b>Passport No.</b>	
	<b>Nationality</b>	
	<b>Designation</b>	
<b>Director 3</b>	<b>Full Name</b>	
	<b>National ID / Work Permit No.</b>	
	<b>Passport No.</b>	
	<b>Nationality</b>	
	<b>Designation</b>	
<b>Director 4</b>	<b>Full Name</b>	
	<b>National ID / Work Permit No.</b>	
	<b>Passport No.</b>	
	<b>Nationality</b>	
	<b>Designation</b>	
<b>Director 5</b>	<b>Full Name</b>	
	<b>National ID / Work Permit No.</b>	
	<b>Passport No.</b>	
	<b>Nationality</b>	
	<b>Designation</b>	
<b>Director 6</b>	<b>Full Name</b>	
	<b>National ID / Work Permit No.</b>	
	<b>Passport No.</b>	
	<b>Nationality</b>	
	<b>Designation</b>	

*If more than 6 directors, please fill a copy of this page and attach with this form*

**SHAREHOLDERS / BENEFICIAL OWNERS DETAILS**

Shareholder 1	Full Name	
	ID / Passport Number	
	Nationality	
	Date of Birth	
	Residential Address	
	Mobile Number	
	Position In Company	
	Percentage of Shares Held	
Shareholder 2	Full Name	
	ID / Passport Number	
	Nationality	
	Date of Birth	
	Residential Address	
	Mobile Number	
	Position In Company	
	Percentage of Shares Held	
Shareholder 3	Full Name	
	ID / Passport Number	
	Nationality	
	Date of Birth	
	Residential Address	
	Mobile Number	
	Position In Company	
	Percentage of Shares Held	
Shareholder 4	Full Name	
	ID / Passport Number	
	Nationality	
	Date of Birth	
	Residential Address	
	Mobile Number	
	Position In Company	
	Percentage of Shares Held	

**MANAGEMENT BODY DETAILS**

<b>Position 1</b>	<b>Full Name</b>	
	<b>ID / Passport Number</b>	
	<b>Nationality</b>	
	<b>Date of Birth</b>	
	<b>Designation</b>	
	<b>Residential Address</b>	
	<b>Mobile Number</b>	
	<b>E-mail Address</b>	
<b>Position 2</b>	<b>Full Name</b>	
	<b>ID / Passport Number</b>	
	<b>Nationality</b>	
	<b>Date of Birth</b>	
	<b>Designation</b>	
	<b>Residential Address</b>	
	<b>Mobile Number</b>	
	<b>E-mail Address</b>	
<b>Position 3</b>	<b>Full Name</b>	
	<b>ID / Passport Number</b>	
	<b>Nationality</b>	
	<b>Date of Birth</b>	
	<b>Designation</b>	
	<b>Residential Address</b>	
	<b>Mobile Number</b>	
	<b>E-mail Address</b>	
<b>Position 4</b>	<b>Full Name</b>	
	<b>ID / Passport Number</b>	
	<b>Nationality</b>	
	<b>Date of Birth</b>	
	<b>Designation</b>	
	<b>Residential Address</b>	
	<b>Mobile Number</b>	
	<b>E-mail Address</b>	

## QUESTIONNAIRES

Who are the founding members of your company?	<hr/> <hr/>
Who are the investors in your company?	<hr/> <hr/>
What are the vested interests of your investors in your company and what are your strategies to fulfill them?	<hr/> <hr/>
What is the total employee strength of your organization across all locations?	
What percentage of revenue is spent on reimbursements, bonuses, performance based allowances, etc?	
What are the lifestyles, medical and other facilities which the company extends to its employees at various levels?	<hr/> <hr/>
Which bank manage your finances, corporate accounts, etc?	
What are the existing debts, credits or loans?	<hr/> <hr/>
Mention the authorities who are responsible for sanctioning and reviewing budgets	<hr/> <hr/>
What is the total cost of liquefiable and non-liquefiable assets of your company?	<hr/> <hr/>
How much does your company spend annually on the maintenance and upgrading of infrastructures?	

## DECLARATION

Please indicate the position of Foreign Accounts Tax Compliance Act, USA (FATCA) by answering the following questions:

Foreign Accounts Tax Compliance Act, USA (FATCA)	Yes	No
Whether Power of Attorney given to or received from a U.S. Person		
Having U.S. Telephone No.		
Having U.S. Global Intermediary Identification Number (GIIN Number)		
Having U.S. Tax Identification No. (TIN)		
Whether shares/ beneficial interest of more than 10% held by US citizens or US based companies / entities		

If your response is "Yes" to any of the above, please execute the FATCA undertaking, in terms of which, inter alia, you consent to sharing your account information, as per FATCA guidelines.

- **I/We hereby declare/ certify that the information furnished above is correct. We undertake to inform the Bank in the event of any change in the above details that will bring our company under FATCA and also authorize SBI to disclose account information to the relevant authority, in such an eventuality.**
- **I/We confirm that the information submitted in this form & documents submitted by me/us are correct as per best of my/our knowledge.**

Name of Director	ID / PP Number	Signature

Date: 

D	D	M	M	Y	Y	Y	Y
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Company Seal / Stamp

## FOR BANK USE ONLY

Checked & Approved By	CRM Entered / Modified By	Compliance Checked By	Verified By