


**MALDIVES ISLAMIC BANK**  
**INFORMATION FORM**  
 INDIVIDUAL

FOR BANK USE ONLY

CIF NO. New Acc  Dormant  Update 
**SECTION A PERSONAL INFORMATION**

 Title  Mr  Ms  Mrs  Dr  Other, Please specify \_\_\_\_\_

 Full Name  
 (as in ID card/as in  
 PP for foreigners)

 ID Card/ Passport No.  
 (Passport No. for foreigners only)

 ID Card/Passport Expiry Date  
 (Passport Expiry for foreigners only)

 Work Permit/Visa  
 (for foreigners)

 Work Permit/Visa Expiry  
 (for foreigners)

Date of Birth

Nationality

Gender

 Male  Female

Marital Status

 Single  Married

No. of Dependents

Passphrase

\*4-10 characters, letters and numbers only

Educational Qualification

 Basic  O/L  A/L  Diploma  Degree  Masters  PHD

 Other, specify \_\_\_\_\_

**SECTION B CONTACT INFORMATION**

Mobile Number

Office No.

Email Address

**Permanent Address**

House/Building Name

Atoll, Island/City

Flat No/Floor

Country

Street Name

**Present Address**(if different from permanent)

House/Building Name

Atoll, Island/City

Flat No/Floor

Country

Street Name

**Next of kin (optional)**

In case of my/our death/to ascertain my/our whereabouts, please inform the status of my/our account to:

Name

ID Card No.

Relationship

Mobile No.

**SECTION C****EMPLOYMENT DETAILS**

Employment Status  Salaried  Self employed  Unemployed  Student/Minor (\*fill other income details)  Retired

Employment Sector  Civil/State  Private  Public  Military/Police  Political

Volunteer  Judiciary  Other,specify \_\_\_\_\_

Employer Name \_\_\_\_\_ Joined Date \_\_\_\_\_

Occupation/ Designation \_\_\_\_\_ Salary Amount \_\_\_\_\_

**Present Address of Employer**

House/Building Name \_\_\_\_\_ Street Name \_\_\_\_\_

Flat No/Floor \_\_\_\_\_ Atoll, Island/ City \_\_\_\_\_

**Other Income Details**

Family Remittance, Please Specify (remitter details, employment details and amount) \_\_\_\_\_

Rent, Please Specify (address and rent amount) \_\_\_\_\_

Pension, Please Specify /amount \_\_\_\_\_

Other, Please Specify (details and amount) \_\_\_\_\_

**Businesses Involved (List all the businesses involved and designation)**

Name of business \_\_\_\_\_ Designation \_\_\_\_\_ Income (MVR) \_\_\_\_\_

Name of business \_\_\_\_\_ Designation \_\_\_\_\_ Income (MVR) \_\_\_\_\_

Name of business \_\_\_\_\_ Designation \_\_\_\_\_ Income (MVR) \_\_\_\_\_

**Other Banks Details**

(please tick accordingly)

BML  SBI  MCB  HSBC  CBM  HBL

BOC  None  Others,specify \_\_\_\_\_

**Assets**

Building  Land  Pension Fund

Vessels  Vehicles  Other, Please Specify \_\_\_\_\_

**SECTION D****ACCOUNT TRANSACTION INFORMATION****Estimated monthly value of transactions ( in MVR)**

<input type="checkbox"/> Less than 20,000	<input type="checkbox"/> Between 25 000 to 50 000	<input type="checkbox"/> Between 50 000 to 75 000
<input type="checkbox"/> Between 75 000 to 100 000	<input type="checkbox"/> Between 100 000 to 150 000	<input type="checkbox"/> Between 150 000 to 200 000
<input type="checkbox"/> Between 200 000 to 250 000	<input type="checkbox"/> Between 250 000 to 300 000	<input type="checkbox"/> Between 300 000 to 400 000
<input type="checkbox"/> Between 200 000 to 250 000	<input type="checkbox"/> Between 250 000 to 300 000	<input type="checkbox"/> Between 300 000 to 400 000
<input type="checkbox"/> Between 400 000 to 500 000	<input type="checkbox"/> Between 500 000 to 750 000	<input type="checkbox"/> Between 750 000 to 1 000 000
<input type="checkbox"/> Above 1 000 000	<input type="checkbox"/> Please specify if above 1 000 000 _____	

**Estimated monthly number of transactions**

<input type="checkbox"/> 0-10	<input type="checkbox"/> 10-20	<input type="checkbox"/> 20-30
<input type="checkbox"/> 30-50	<input type="checkbox"/> 50-75	<input type="checkbox"/> 75-100
<input type="checkbox"/> More than 100	<input type="checkbox"/> Please specify if more than 100 _____	

## FATCA DECLARATION

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

I declare that I possess USA nationality/Lawful Permanent Residency/Passport and authorize Maldives Islamic Bank to disclose required information to Inland Revenue Services of USA under FATCA.

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 Maldives Islamic Bank to disclose required information to Inland Revenue Services in USA.

Politically Exposed Person (PEP) Declaration (For PEP definitions refer annexure on last page)

I declare that I am not a PEP, not a family member/ associated with a PEP

I declare that I am a PEP, family member/ associated with a PEP (Specify details in annexure )

## TERMS AND CONDITIONS

I 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.
- 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.

Signature _____	If updating the specimen signature:          Signature _____
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Date \_\_\_\_\_

## FOR BANK USE ONLY

**(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			

## ANNEXURE

Please tick the appropriate box if you have been holding any of the following positions:

- Heads of State/Heads of Governments (example: President, Vice President, Prime Ministers)
- Cabinet Ministers & State Ministers [includes Deputy or Assistant Ministers]
- Members of Parliament [Any Similar Legislative Bodies]
- Judges & Magistrates
- Elected Council Members
- Members & Senior Most Officials of a State Agency or Institution [like members of boards of central banks]
- Senior Military Officials (Chief and vice chief of defense force)
- Senior Officials appointed as per the provisions of a specific law (example: Head of FIU)
- Senior Political Appointees of a Government (example: Coordinators at various Ministries)
- Board Members of State-Owned Enterprises (eg: STO, Fenaka, MWSC, Etc...)
- Foreign and Local Diplomats [include ambassadors, chargés d'affaires etc.]
- 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:

- I am actively seeking or being considered for above stated positions;
- I have been retired for less than 12 months from the above-mentioned positions;
- 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)
- 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)
- 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 \_\_\_\_\_



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# INFORMATION FORM

INDIVIDUAL

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CIF NO.

**SECTION E**

**TAX INFORMATION**

Tax Identification Number (MIRA) \_\_\_\_\_

Tax Identification Number  
(Applicable in any other country must  
be declared under CRS) \_\_\_\_\_

I/we hereby agree

- I am / we are not registered as a tax resident in a foreign jurisdiction;
- 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_