			V:2.1 01/06/202
MALDIVES ISLAM	IC BANK		FOR BANK USE ONLY
INFORMATION FORM			CIF NO.
			New Acc Dormant Update
SECTION A PERSONAL INFORM	MATION		
Title Mr	Ms Mrs Dr	other , Please speci	ίν
Contemporary Conte			
ID Card/ Passport No.		Passport Expiry (for foreigners	
(Passport No. for foreigners only) Work Permit/Visa		Work Permit/Visa Expiry	
(for foreigners)		(for foreigners)	
Date of Birth		Nationality	
Gender Male	Female	Marital Status	Single Married
No. of Dependants		Passphrase *4-10 characters, letters and numbe	rs only
Educational Basic	O/L A/L	Diploma De	gree Masters PHD
Other, spec	ify		
SECTION B CONTACT INFORM	IATION		
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 perma	nent)		
House/Building Name		Atoll Island/City	
		Atoli, Island/City	
Flat No/Floor		Country	
Street Name			
Next of kin			
Name		Mobile No.	
Relationship			

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SECTION C EMI	PLOYMENT DETAILS			
Employment Status	Salaried	Selfemployed	Unemployed	Student/Minor ('fill other income details)
Employment Sector	Civil/State	Private	Public	Military/Police Politica
	Volunteer	Judiciary	Other,specify	
Employer Name			Joined Date	
Occupation/ Designation			Salary Amount	
Other Income Details				
Family Remittance	, Please Specify (remitter det	ails, employment details and amount)		
Rent, Please Specif	Y (address and rent amount)			
Pension, Please Sp	ecify amount			
Other, Please Spec	ify (details and amount )			
Businesses Involved (Li	st all the businesses inv	olved and designation)		
	St dit the Susmesses inv	_		_ Income (MVR)
Name of business				
Name of business		Designation		Income (MVR)
Other Banks Details (please tick accordingly)	BML	SBI	ICB HSBC	C CBM HBL
	BOC	None	)thers, specify	
Assets				
Building	Land	Pension Fund		
Vessels	Vehicles	Other, Please Specify		
SECTION D FA	<b>FCA DECLARATION &amp;</b>	CRS DECLARATION		
Are you a citizen of any or (if different from home country)	ther country? No	Yes, name of the cour	ntry	
Are you registered as a tax foreign jurisdiction?	resident in a No	Yes, name of the cour	ntry / Tax ID No/SSN/SSA	
Are you registered as a tax Maldives?	resident in No	Yes, Tax ID No (MIRA)		
	ossess USA nationality/I nland Revenue Services		Passport and authorize Ma	aldives Islamic Bank to disclose required
			idency /passport as on da	te. 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.

## SECTION E POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Politically Exposed Person (PEP) Declaration (For PEP definitions refer below				
	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 below )			
Pleas	e 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 N	lame
Desig	nation / Position

## **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.
- 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						
(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						