

INFORMATION FORM

BUSINESS / INSTITUTIONS

FOR BANK USE ONLY

CIF NO

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SECTION A BUSINESS INFORMATION

Name of Business / Institution _____

Registration No.

(Business/Institution/Sole Proprietorship)

Trading Name

(if different from business name)

Registration No.

(if different from business Reg No.)

Date of Incorporation

Tax ID No.

 Date of commencement
of Business

Country of Incorporation

Business Reg Expiry Date

Type of Business

Public Limited Company

Private Limited Company

Sole Proprietorship

Cooperative Society

Club/Association/NPO/NGO

Partnership

Government Institution

Other, specify

Nature of Business

Agriculture

Professional / Consulting

Manufacturing

Construction

Travel / Tourism

Health Service

Retail / Wholesale Trading

Catering / Restaurant

Education / Training

Fisheries

Transport

Export (Please specify)

Import (Please specify)

Other (Please specify)

From the above list, please specify your primary business activity

Retail outlet / Location Name

SECTION B CONTACT INFORMATION

Contact person name

(on behalf of company)

Designation

ID Card No.

Email Address

Mobile No.

Fax No.

Office No.

Business Registered Address

House/Building Name

Correspondence Address (if different from registered address)

House/Building Name

Flat No/Floor

Flat No/Floor

Street Name

Street Name

Atoll/ Island/City

Atoll/ Island/City

Country

Country

SECTION C FINANCIAL DETAILS

Capital Invested (MVR) _____ Estimated Annual Revenue (MVR) _____

Estimated Monthly Deposits (MVR)	<input type="checkbox"/> Less than 200,000	<input type="checkbox"/> 200,000 to 500,000	<input type="checkbox"/> 500,000 to 1,000,000	<input type="checkbox"/> 1,000,000 to 5,000,000
	<input type="checkbox"/> Above 5,000,000			
Estimated Monthly Withdrawals (MVR)	<input type="checkbox"/> Less than 200,000	<input type="checkbox"/> 200,000 to 500,000	<input type="checkbox"/> 500,000 to 1,000,000	<input type="checkbox"/> 1,000,000 to 5,000,000
	<input type="checkbox"/> Above 5,000,000			
Estimated number of Transactions	<input type="checkbox"/> 0 - 20	<input type="checkbox"/> 20 - 50	<input type="checkbox"/> More than 50	

TERMS AND CONDITIONS

This declaration is made to Maldives Islamic Bank Plc.

I/we hereby agree:

- That the information and documents presented for identification purposes may be verified by the Bank's employee having an appropriate authority.
- That information provided can be used only by the Bank for customer relationship purposes.
- That the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform the Bank of any changes therein, immediately.
- To be bound by the terms and conditions which apply and which may from time to time change to account(s) opened and service(s) requested by me with the Bank.
- That having read the Terms and Conditions of this form (Information Form for Businesses and Institutions) 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/we are aware that I/we will be liable for it.

(Declaration: To be signed according to the Quorum of the Business/ company)

Name	NID / PP / Work Visa Number	Designation	Signature

Seal _____

Date _____

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(Please complete Annexure 1 - Customer Risk Rating sheet and attach with this form)

CRP Rating	<input type="checkbox"/> <input type="checkbox"/>	Risk Categorization	Low <input type="checkbox"/>	High <input type="checkbox"/>
Sanction List checked	<input type="checkbox"/>	KYC update frequency	Annually <input type="checkbox"/>	Once in 3 years <input type="checkbox"/>

Forms and supporting documents	Staff ID	Signature	Date
Received by			
Checked by			
Authorized by			



MALDIVES ISLAMIC BANK

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SECTION D 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 _____

Signature _____

Date _____