## Customer Profile Form (KYC & CIF)

(Requirement in terms of the Financial Transaction Reporting Regulation 2011/any other Foreign or Local Law)



Authorized Signature .....

| For Bank Use Only |   |                |   |  |  |  |
|-------------------|---|----------------|---|--|--|--|
| DATE              | : |                |   |  |  |  |
| ACCOUNT NO        | : |                |   |  |  |  |
| CIF NO            | : |                |   |  |  |  |
| BRANCH NO         | : | MANAGER'S INTL | : |  |  |  |

| <b>Section A</b> – Basic information of the Individual including of those holding power of attorney.  |                       |   |                                |                |  |  |  |  |
|---|-----------------------|---|--------------------------------|----------------|--|--|--|--|
| ✓ Tick the appropriate boxes  |                       |   |                                |                |  |  |  |  |
| 1. Customer Name:   |                       |   |                                |                |  |  |  |  |
| 2. Name & Address of Employer:  |                       |   |                                |                |  |  |  |  |
| 3. Occupation/Employment/Position Held:   |                       |   |                                |                |  |  |  |  |
| 4. Residential Address:   |                       |   |                                |                |  |  |  |  |
| 5. Permanent Address:   | 6                     | 6. Foreign Address(if any):             |                                |                |  |  |  |  |
| 7. Citizenship:   |                       |   |                                |                |  |  |  |  |
|   | t in Maldives         | ☐ Non Resident - Country of Residence : |                                |                |  |  |  |  |
|   | Country               | Country of Birth                        |                                |                |  |  |  |  |
| ☐ Maldivian with dual citizenship   |                       | Nationality                             |                                |                |  |  |  |  |
| ☐ Foreign National with dual citizenship  |                       | Type of Visa                            | ☐ Permanent Residence          | ☐ Green Card   |  |  |  |  |
|   |                       |   | ☐ Temporary Residence          | □ (Specify)    |  |  |  |  |
| ☐ Foreign national  |                       | Expiry Date                             |                                | □(Specify)     |  |  |  |  |
| 8. Any Tax liability in USA   | es □ No               |   |                                |                |  |  |  |  |
| 9. In the case of Foreign Passport Holders, g   | ive the nurnose o     | f opening the accou                     | nt in the foreign jurisdiction | ٠.             |  |  |  |  |
| 10. Source of Funds:  |                       |   |                                |                |  |  |  |  |
| ☐ Salary/Profit/Professional Income   | ☐ Export Proc         | eeds                                    | ☐ Sale of Pro                  | pperty/Assets  |  |  |  |  |
| □ Sales and Business Turnover   |                       | Charities (Local/Foreign)               |                                |                |  |  |  |  |
| □ Rent Income □ Investment Proceeds/ □  |                       |   |                                |                |  |  |  |  |
| 11. Other connected businesses /Profession  | iai Activities (where | е аррисавіе):                           |                                |                |  |  |  |  |
| 12. Date Of Birth:  |                       |   | 17. Signature:                 |                |  |  |  |  |
| 13. NIC /Passport Number:   |                       |   |                                |                |  |  |  |  |
| 14. Phone Number:   |                       |   |                                |                |  |  |  |  |
| 15. Email Address:  |                       |   |                                |                |  |  |  |  |
| 16. Existing Account Number(s):   |                       |   |                                |                |  |  |  |  |
| 17. Marital Status:   Married   Single  Other   |                       |   |                                |                |  |  |  |  |
| Soction B. Mandatory chacks (For P  | Cank Uso Only)        |   |                                |                |  |  |  |  |
| Section B - Mandatory checks (For Bank Use Only)  |                       |   |                                |                |  |  |  |  |
| 1.Name, Date of birth and Nationality verification: [To be supported by one of the following accepted documents]  □ National Identity Card □ Birth Certificate for Minors |                       |   |                                |                |  |  |  |  |
| □ Passport □ Sittl' Certificate for Millions □ Specify)   |                       |   |                                |                |  |  |  |  |
| 2.Obtained FATCA declaration[If 'Yes' in (8) ab   | oove]                 |   | Yes                            | Not Applicable |  |  |  |  |
| 3.Copy of the valid visa/permit [In the case of ac  |                       |   | Attached                       | Not Attached   |  |  |  |  |
| 4.Customer falls in to the category of Politica   |                       |   | Yes                            | No             |  |  |  |  |
|   | ,                     | ·                                       |                                |                |  |  |  |  |
|   |                       |   |                                |                |  |  |  |  |

Emp No.....

Date.....