

Customer Profile Form (KYC) - For Personal Customer

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



For Bank Use Only		KYC Review Dates			
ACCOUNT NO	:		Date	Intl	
CIF NO	:				
BRANCH NO	:				
MANAGER INTL	:				

(w.e.f 21.09.2023)

Section A – 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. Nature of Business:

4. Occupation/Employment/Position Held:

5. Residential Address:

6. Status of the Residential Address :

Ownership of premises Owner (A) Lease/Rent (C) Friends/Relatives (E)
 Parent's (B) Official (D) Board/Lodging (F)

7. Permanent Address:

8. Foreign Address (if any) :

9. Citizenship :

<input type="checkbox"/> Maldivian	<input type="checkbox"/> Resident in Maldives	<input type="checkbox"/> Non Resident - Country of Residence:
	Country	Country of Birth
<input type="checkbox"/> Maldivian with dual citizenship		Nationality
<input type="checkbox"/> Foreign National with dual citizenship		Type of Visa
<input type="checkbox"/> Foreign National		
		Expiry Date

10. Any Tax liability in USA: Yes No

11. In case of Foreign Passport Holders, give the purpose of opening the account in the foreign jurisdiction:

12. Purpose of Opening the Account :

<input type="checkbox"/> Business transactions	<input type="checkbox"/> Remittances	<input type="checkbox"/> Social & Charity work
<input type="checkbox"/> Employment/Professional income	<input type="checkbox"/> Bill payment/ Loan repayment	<input type="checkbox"/> Other:
<input type="checkbox"/> Savings	<input type="checkbox"/> Share transactions / Investment purposes	

13. Source of Funds : [Expected source and nature of credits into the account]

<input type="checkbox"/> Salary/Profit/Professional Income	<input type="checkbox"/> Export Proceeds	<input type="checkbox"/> Sale of Property/Assets
<input type="checkbox"/> Sales and Business Turnover	<input type="checkbox"/> Donations/Charities	<input type="checkbox"/> Gifts
<input type="checkbox"/> Rent Income	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Other:

14. Anticipated Volumes :

[Expected/Usual average volumes of deposits into the account in MVR or Foreign Currency equivalent to MVR per month]

<input type="checkbox"/> Less than 25,000/-	<input type="checkbox"/> 100,000/- to 500,000/-
<input type="checkbox"/> 25,000/- to 50,000/-	<input type="checkbox"/> 500,000/- to 1,000,000/-
<input type="checkbox"/> 50,000/- to 100,000/-	<input type="checkbox"/> Over 1,000,000/-

15. Expected Mode of Transactions/ Delivery Channels :

Cash Cheque Fund Transfers All mode of forms

16. Other Connected Business/Professional Activities (where applicable):

17. Date Of Birth:

18. NIC /Passport Number:

19. Phone Number(s):

20. Email Address:

21. Existing Account Number(s):

22. Marital Status: Married Single Other

23. Signature:

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.

- | | |
|--|---|
| <input type="checkbox"/> Valid National Identity Card
<input type="checkbox"/> Valid Passport | <input type="checkbox"/> Birth Certificate for Minors |
|--|---|

2. Address verification: Residential address to be supported by one of the following accepted documents
 (N.B.- Mobile Phone Bills/ Statements of other Banks are not accepted)

- | | |
|---|---|
| <input type="checkbox"/> Valid National Identity Card
<input type="checkbox"/> Tenancy/Lease Agreement (with billing proof of owner)
<input type="checkbox"/> Valid Driving License | <input type="checkbox"/> Current Utility Bill (Electricity / Water/ Fixed Phone/ Pay TV)
<input type="checkbox"/> Employment Contract |
|---|---|

3. Customer Risk Factors :

- | | |
|---|--|
| <input type="checkbox"/> Foreign Citizen/Non-Resident customers/Off shore Customer
<input type="checkbox"/> Trustee /Nominee /Power of Attorney/Administrators.
<input type="checkbox"/> Office Bearer of NGOs. | <input type="checkbox"/> Proprietor/Partner /Director in Business
<input type="checkbox"/> Office Bearers of Club/Society/Association or Embassy Staff/Consultants
<input type="checkbox"/> Others |
|---|--|

4. Obtained FATCA declaration : [If 'yes' in (10) above]

- | | |
|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> Not Applicable |
|------------------------------|---|

5. Copy of the valid Visa/Permit : [In case of accounts for Non-National customers]

- | | |
|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> Attached | <input type="checkbox"/> Not Attached |
|-----------------------------------|---------------------------------------|

6. Customer falls in to the category of Politically Exposed Persons (PEPs
 including family and close associates).

- | | |
|------------------------------|-----------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|------------------------------|-----------------------------|

Authorized Signature:

Employee No:

Date: