

CUSTOMER PERSONAL INFORMATION

FOR BANK USE						
CUSTOMER NUMBER						

Date: _____

1. PERSONAL INFORMATION			
Full Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss (as per Identity Document)			
Country of Residence		Country of Birth	
Identity Card Number		Passport Number	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Number of Dependents	
2. CONTACT DETAILS			
Correspondence Address			Postcode <input type="text"/>
Residential Address <input type="checkbox"/> Same as above (Should not be Post Office Box)			Postcode <input type="text"/>
Home Telephone Number			
Mobile Phone Number (Main)		Other Mobile Phone Number	
Email Address (Max 30 Characters Only)			
3. EMPLOYMENT DETAILS			
Employment Status	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed / Business Owner	<input type="checkbox"/> Unemployed
Occupation Details	<u>For Salaried</u>		
	<input type="checkbox"/> Civil Servant	<input type="checkbox"/> Private Sector Employee	<input type="checkbox"/> Professional
	<input type="checkbox"/> Sales /Commission Earner	<input type="checkbox"/> Uniformed Personnel	<input type="checkbox"/> Other _____
	<u>For Self-employed / Business Owner</u>		
	<input type="checkbox"/> Construction	<input type="checkbox"/> Import/Export	<input type="checkbox"/> Money Service Business
	<input type="checkbox"/> Retail	<input type="checkbox"/> Service	<input type="checkbox"/> Other _____
	<u>For Unemployed</u>		
	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Retiree	<input type="checkbox"/> Student
	<input type="checkbox"/> Other _____		
Job Title/Designation		Annual Income (BND)	
Other Income (BND)		Source of other income	
Tenure of Current Employment:			
Name of Current Employer/Business			
Employer/Business Address			Postcode <input type="text"/>
Office Email Address			
Office Telephone Number		Office Fax Number	

4. SPOUSE DETAILS

Full Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs (as per Identity Document)			
Home Telephone Number		Office Telephone Number	
Mobile Phone Number		Occupation	
Email Address (Max 30 Characters Only)			

5. PRESTIGE & SMART EXECUTIVE MEMBERSHIP

Program applied for	<input type="checkbox"/> Prestige	<input type="checkbox"/> Smart Executive	
Prestige Group Code CIF (if applicable)		Other CIF to be linked	

6. WESTERN UNION GOLD CARD MEMBERSHIP

WU Gold Card Number			
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7. COMMON REPORTING STANDARD (CRS)

Please complete the following indicating

i) Which country the account holder is a tax resident

ii) The account holder's Taxpayer Information Number (TIN) for each country indicated

Where a TIN is unavailable, please provide the appropriate reason **A, B, C**

Reason A - The country/jurisdiction where the account holder is resident does not issue TINs to its residents

Reason B - The account holder is otherwise unable to obtain a TIN or equivalent number (Please explain why you are unable to obtain a TIN in the below table if you have selected this reason)

Reason C - No TIN required (Note: Only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country/Jurisdiction of Tax Residence	Tax Information Number (TIN)	If no TIN available, please enter either A, B or C

Please explain in the following box why you are unable to obtain a TIN, if you selected **Reason B** above

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8. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION

Please tick where appropriate

Are you a U.S. citizen or resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were you born in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. residence or mailing address (including U.S. Post Office Box)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you provided standing instructions to transfer funds to a U.S. based account or an account maintained in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you granted power of attorney over the account to a person with a U.S. address?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a U.S. telephone number?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Care of or Hold mail address which is the sole address of account holder?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. POLITICALLY EXPOSED PERSON (PEP) DECLARATION

Are you a Politically Exposed Person (PEP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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"PEP" means (a) a natural person who is or has been entrusted with prominent functions (b) immediate family members of such persons; or (c) close associates of such persons. "Prominent public functions" includes the roles held by head of state, a head of government, government ministers, senior civil servants, senior judicial or military officials, senior executives of state owned corporations, senior political party officials.

Please provide details as follows, (1) if you or your immediate family member(s) has/have been entrusted with prominent public functions or (2) is/are close associate(s) of such a person:

Name	Relationship	Occupation / Position held	Employer/Country

10. ADDITIONAL INFORMATION

Source of Wealth / Funds Tick (✓) ONE only	<input type="checkbox"/> Salary	<input type="checkbox"/> Pension	<input type="checkbox"/> Investment
	<input type="checkbox"/> Business Earnings	<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/> Rent
	<input type="checkbox"/> Other _____		

Country where majority of wealth was accumulated	
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Annual turnover for Accounts in Baiduri Bank (in BND)	
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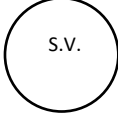
Does Customer own any businesses?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (Please indicate name of business below)
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Name of Business	1.
	2.
	3.

ASSETS - Other Accounts maintained at other Banks in Brunei or Overseas		LIABILITIES - Other Borrowing Relationships maintained with other Banks in Brunei or Overseas (Consolidated Loan Amount)	
Name of Bank or Country	Annual Turnover in each Account (BND)	Name of Bank or Country	Amount (BND)
1.		1.	
2.		2.	
3.		3.	

11. DECLARATION

I warrant that the information provided in this Customer Personal Information form and all supporting document(s) furnished by me is true and correct.



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Signature of Applicant

BRANCH USE SECTION

AO Code				AO Name			
Caution List / SIRON KYC			Positive Match		Name & Initial		Branch Stamp
List Name	Date	Y	N	Original ID Sighted & Verified by			
Bankruptcy							
Litigation				Caution list & SIRON KYC Checked by			
UCA							
BFB				Confirmed by <i>(Supervisor and above)</i>			
SIRON KYC							
Remarks & Approvals Obtained							
Prestige & SEP AO Codes							
Prestige Centre		Prestige Officer AO (PRM)			SEP Officer AO		
CIF MAINTENANCE							
BRANCH USE				CADC USE			
FLEXBRANCH	Name & Initial		Date	CDS-CADC	Name & Initial		Date
Inputted by				Inputted by			
Authorized by <i>(Supervisor and above)</i>				Authorized by <i>(Supervisor and above)</i>			
Master CIF				Reconciled by			
				KYC Update Date			