

CUSTOMER PERSONAL INFORMATION

FOR BANK USE							
CUSTOMER NUMBER							

(*) Mandatory fields to be completed 1. PERSONAL INFORMATION Full Name (as per NRIC/Passport) ☐ Mr ☐ Mrs ☐ Miss ☐ Other (Please specify) ☐ Male ☐ Female Gender Date of Birth (DD/MM/YYYY) Country of Birth Nationality Country of Residence National Registration Identity Passport Number Card Number National Registration Identity Passport Expiry Date Card Expiry Date ☐ Single ☐ Married Marital Status Number of Dependents ☐ Divorced ☐ Widowed Spouse Full Name (as per NIRC/ Passport) ☐ Mr ☐ Mrs ☐ Other (Please specify) □ Yes □ No Are you a U.S. Person? U.S. Person is defined as a U.S. citizen, US Permanent Resident (Green Card holder) or Resident in the US (FATCA Declaration) for 183 days or more in a calendar year. 2. CONTACT DETAILS Residential Address (Should not be Post Office Box) ☐ Owned ☐ Rented ☐ Mortgaged ☐ Employer's Postcode ☐ Parent's Correspondence Address \square Same as above Postcode Mobile Phone Number (Main) Home Telephone Number Country Code Phone Number Country Code Phone Number Office Telephone Number Office Fax Number Phone Numbe **Email Address** (Max 30 Characters Only) Office Email Address (Max 30 characters only) 3. EMPLOYMENT DETAILS **Employment Status** □ Salaried ☐ Self Employed / Business Owner ☐ Unemployed ☐ Civil Servant ☐ Construction ☐ Homemaker ☐ Import/Export ☐ Retiree ☐ Private Sector Employee Occupation Details ☐ Professional ☐ Money Service Business ☐ Student (Tick (\checkmark) only one related to ☐ Other employment status ticked ☐ Sales /Commission Earner ☐ Retail (Please specify) above) ☐ Uniformed Personnel ☐ Service ☐ Other ☐ Other (Please specify) (Please specify) Length of Current Job Title/Designation **Employment (Years)**

-	me of Current oloyer/Business				Contract Ex (If applicab							
Emp	oloyer/Business Address					Ро	stcode					
Anr	nual Income (BND)	*		Other Income	e (BND)	*						
Soui	rce of Other Income	* ☐ Business ☐ Investments		☐ Pension☐ Rental		☐ Welfare ☐ Other(Please specify)						
		4. PRESTIGE,	SMART EX	ECUTIVE & 4UVP	MEMBERSH	IP	,		,,			
Prog	gram applied for	☐ Prestige		☐ Smart Exe	cutive	□ 4	IUVP					
		5. WESTER	N UNION	GOLD CARD MI	EMBERSHIP							
WU	Gold Card Number											
		6. T	AX RESIDE	NCE INFORMAT	ION							
	Note: If you are a tax resident in other countries, please complete this section											
i) W ii) Th Whe Red Red	ison C - No TIN required (No	older is a tax resident or Information Number ase provide the appropriate where the account is otherwise unable to define if you have selected as Only select this reason.	oriate reaso holder is re obtain a TIN this reason	n A, B, C esident does not i I or equivalent nu	ssue TINs to its umber (Please	explain why						
	the TIN issued by suc	th jurisdiction) * Tax Information	Number *	If no TIN availa	uble please*							
	Tax Residence	(TIN)		enter either		Explana	xplanation for Reason B selected					
1												
2												
3												
		7. POLITICALLY E	EXPOSED P	PERSON (PEP) SE	LF DECLARA	TION						
	Note: If you are a Politica						e complete	this se	ction	<u> </u>		
	am/was holding a promine											
If ye	es, please provide details	·										
	Occupation / Position held	Employer/Country	Period	Position Held								
-	rosilion neid											
	am a family member ² or clo	ose associate ³ of some	one who is,	was in a promine	ant public fund	ction						
If ye	es, please provide details				Occupation	on /				\neg		
	Name		Relationship		Position h		Employe	r/Coun	itry			
1.	"Prominent public function government, a governme royal family, or a senior of	nt agency, a governme	ent-owned al party, but	corporation or a excludes middle	n internationd -ranking and	ll organizatio more junior (n, or a men officials.					
2.	"Family member" means:								••			
3.	"Close associate" means:	a person who maintai	ns a close i	elationship with v	vou or who is	able to cond	duct financi	ial trans	sacti	ons		

on your behalf.

				8. DECL	ARATION						
	ne information provisitive and correct.	vided in	this C	ustomer P	ersonal In	formation	form and all suppo	orting do	cument(s)		
I acknowledge I my status.	am aware that I ne	ed to n	otify th	ne bank wi	thin 30 do	ays of any	change in circumsto	ances wh	nich affect		
, σ.α.σσ.											
	(S.V.									
Signature (of Applicant										
BRANCH USE SECTION											
AO Code					AO Name)					
Caution List	/ SIRON KYC	Positive	Match			N	ame & Initial	Bran	ch Stamp		
List Name	Date	Y	N	Original IE) Sighted						
Bankruptcy				& Cautio SIRON KYO	n list /						
Litigation				Checked							
UCA											
BFB				Confirme (Supervisor a	d by						
SIRON KYC	☐ HRC ☐ PEP			(30001113014	na above)						
			Rem	arks & App	rovals Obto	ined					
Prestige & SEP AO Codes											
Prestige Centre		Pre (PR		fficer AO			SEP Officer AO				
				CIF MAIN	TENANCE						
FLEXBRANCH	BRANCH USE Name & Ini	tial	<u> </u>			OAD-CAD USE Name & Initial	ı İ	Date			
Inputted by	Nume a m			Date	Inputted	2 V	Nume a minut		Duic		
Authorized by (Supervisor and above)					Authorize	d by					
Master CIF					Reconcile						
					EDD Update Date						