

CUSTOMER PERSONAL INFORMATION

FOR BANK USE					
CUSTOMER NUMBER					

Date: _____

(*) Mandatory fields to be completed

1. PERSONAL INFORMATION

Full Name (as per NRIC/Passport) *	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other _____ (Please specify)		
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female		
Date of Birth (DD/MM/YYYY) *		Country of Birth *	
Nationality *		Country of Residence *	
Brunei Issued IC Number *		Passport Number *	
Brunei Issued IC Expiry Date *		Passport Expiry Date *	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Number of Dependents
Spouse Full Name			Spouse Title
Spouse Date of Birth (DD/MM/YYYY)			Spouse Contact Number
Spouse Email (Max 30 characters only)			
Are you a U.S. Person? (FATCA Declaration) *	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>U.S. Person is defined as a U.S. citizen, US Permanent Resident (Green Card holder) or Resident in the US for 183 days or more in a calendar year.</i>		

2. CONTACT DETAILS

Residential Address (Should not be Post Office Box) *	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Employer's <input type="checkbox"/> Parent's			Postcode	
Correspondence Address *				Postcode	
Overseas Residential Address				Postcode	
Mobile Phone Number (Main) *		Country Code	Phone Number	Home Telephone Number	
Office Telephone Number		Country Code	Phone Number	Office Fax Number	
Email Address (Max 30 Characters Only) *					
Office 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 (Tick (✓) only one related to employment status ticked above) *	<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 _____ (Please specify)	<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 _____ (Please specify)	<input type="checkbox"/> Homemaker <input type="checkbox"/> Retiree <input type="checkbox"/> Student <input type="checkbox"/> Other _____ (Please specify)

Job Title/Designation		Length of Current Employment (Years)							
Name of Current Employer/Business		Contract Expiry Date (If applicable)							
Employer/Business Address	Postcode <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
Annual Income (BND) *		Other Income (BND) *							
Source of Other Income *	<input type="checkbox"/> Business <input type="checkbox"/> Investments	<input type="checkbox"/> Pension <input type="checkbox"/> Rental	<input type="checkbox"/> Welfare <input type="checkbox"/> Other _____ (Please specify)						

4. PRESTIGE, SMART EXECUTIVE & 4UVP PROGRAM

Program applied for	<input type="checkbox"/> Prestige	<input type="checkbox"/> Smart Executive	<input type="checkbox"/> 4UVP
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5. WESTERN UNION GOLD CARD

WU Gold Card Number	
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6. TAX RESIDENCE INFORMATION

Note: If you are a tax resident in other countries, please complete this section

Please complete the following indicating

- i) Which country you are a resident for tax purposes
- ii) Your Taxpayer Information Number (TIN) for each country/jurisdiction indicated.

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

Reason A - The country/jurisdiction where you are a resident does not issue TIN to its residents.

Reason B - You are 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 (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 *	Explanation for Reason B selected *
1			
2			
3			

7. POLITICALLY EXPOSED PERSON (PEP) SELF DECLARATION

Note: If you are a Politically Exposed Person (PEP) and/or family member/close associate of PEP, please complete this section

I am/was holding a prominent public function¹

If yes, please provide details

Occupation / Position held	Employer/Country	Period Position Held

I am a family member² or close associate³ of someone who is/was in a prominent public function

If yes, please provide details

Name	Relationship	Occupation / Position held	Employer/Country

- "Prominent public functions" means: senior positions in the executive, legislative, administrative, military, judicial branches of a government, a government agency, a government-owned corporation or an international organization, or a member of a ruling royal family, or a senior official of a major political party, but excludes middle-ranking and more junior officials.
- "Family member" means: parent, spouse, child, sibling, in-laws, and includes any adopted family member.
- "Close associate" means: a person who maintains a close relationship with you or who is able to conduct financial transactions on your behalf.

8. 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.

I acknowledge I am aware that I need to notify the bank within 30 days of any change in circumstances which affect my status.

S.V.

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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 & Caution list / SIRON KYC Checked by		
Bankruptcy						
Litigation						
UCA				Confirmed by <i>(Supervisor and above)</i>		
BFB						
SIRON KYC <input type="checkbox"/> HRC <input type="checkbox"/> PEP						

REMARKS & APPROVALS OBTAINED

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PRESTIGE & SEP AO CODES

Prestige Centre		Prestige Officer AO (PRM)		SEP Officer AO	
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CIF MAINTENANCE

BRANCH USE			OAD-CAD USE		
FLEXBRANCH	Name & Initial	Date		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		
			EDD Update Date		