

## CUSTOMER PERSONAL INFORMATION

FOR BANK USE					
CUSTOMER NUMBER					

Date: \_\_\_\_\_

(\*) Mandatory fields to be completed

1. PERSONAL INFORMATION					
Full Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss *	(as per Identity Document)				
Gender *	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Date of Birth (DD/MM/YYYY) *			Country of Birth *		
Nationality *			Country of Residence *		
Identity Card Number *			Passport Number *		
Identity Card 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		
2. CONTACT DETAILS					
Residential Address *	(Should not be Post Office Box)				Postcode
Correspondence Address *	<input type="checkbox"/> Same as above				Postcode
Mobile Phone Number (Main) *	Country Code	Phone Number	Home Telephone Number	Country Code	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 *	<p><u>For Salaried</u></p> <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 _____ <p><u>For Self-employed / Business Owner</u></p> <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 _____ <p><u>For Unemployed</u></p> <input type="checkbox"/> Homemaker <input type="checkbox"/> Retiree <input type="checkbox"/> Student <input type="checkbox"/> Other _____				
Job Title/Designation			Length of Current Employment (Years)		
Name of Current Employer/Business			Contract Expiry Date (If applicable)		
Employer/Business Address					Postcode
Office Email Address (Max 30 characters only)					
Office Telephone Number	Country Code	Phone Number	Office Fax Number	Country Code	Phone Number

Annual Income (BND) *		Other Income (BND) *	
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Source of Other Income *	
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**4. SPOUSE DETAILS - If applicable**

Full Name <input type="checkbox"/> Mr <input type="checkbox"/> Mrs (as per Identity Document)		Contact Number	
		Country Code	Phone Number

**5. PRESTIGE & SMART EXECUTIVE MEMBERSHIP**

Program applied for	<input type="checkbox"/> Prestige	<input type="checkbox"/> Smart Executive
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**6. WESTERN UNION GOLD CARD MEMBERSHIP**

WU Gold Card Number	
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**7. COMMON REPORTING STANDARD (CRS) – Mandatory Regulatory Requirement**

Note: This section should be completed by applicants and existing Account Holders only

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 *
1		
2		
3		

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

1	
2	
3	

**8. FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION**

Are you a U.S. Person? \*  Yes  No

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.

**9. POLITICALLY EXPOSED PERSON (PEP) SELF DECLARATION – Mandatory Regulatory Requirement**

Are you a Politically Exposed Person (PEP)?\*  Yes  No [If the answer is No, please skip this section]

"PEP" means a person who,

- (1) is or has been entrusted with prominent functions, or
- (2) is an immediate family member of such persons with prominent functions; or
- (3) is a close associate of such persons with prominent functions.

"Prominent 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, senior executives of an international organization

If you answered Yes by means of (2) and (3) above, please provide details of the immediate family or the close associate holding the prominent function:

Name	Relationship	Occupation / Position held	Employer/Country

**10. ADDITIONAL INFORMATION**

Source of 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	<input type="checkbox"/> Property/Rental
	<input type="checkbox"/> Other _____		
Source of Wealth Tick (✓) ONE only	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Property Sale	<input type="checkbox"/> Investment
	<input type="checkbox"/> Other Assets	<input type="checkbox"/> None	
Country where majority of wealth was accumulated			

Employment History

Previous Employer	Position Held	Annual Salary / Income
1.		
2.		
3.		

Do you own any businesses?  No  Yes (Please indicate name of business below)

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.

S.V.

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Signature of Applicant

**BRANCH USE SECTION**

AO Code		AO Name				
<b>Caution List / SIRON KYC</b>		<b>Positive Match</b>		<b>Name &amp; Initial</b>		<b>Branch Stamp</b>
<b>List Name</b>	<b>Date</b>	<b>Y</b>	<b>N</b>	Original ID Sighted & Verified by		
Bankruptcy						
Litigation				Caution list & SIRON KYC Checked by		
UCA						
BFB				Confirmed by (Supervisor and above)		
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			CADC USE		
FLEXBRANCH	Name & Initial	Date	CAC-CADC	Name & Initial	Date
Inputted by			Inputted by		
Authorized by (Supervisor and above)			Authorized by (Supervisor and above)		
Master CIF			Reconciled by		
			EDD Update Date		