

PERSONAL CUSTOMER INFORMATION



FOR BANK USE						
CUSTOMER NUMBER						

Date: _____

PERSONAL INFORMATION

Full Name (as per Identity Document) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr			
First Name/Given Name		Last Name/Surname	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD/MM/YYYY)	
Nationality		Country of Residence	
Identity Card Number		Expiry Date (DD/MM/YYYY)	
Passport Number		Expiry Date (DD/MM/YYYY)	
Marital Status		Number of Dependents	

CONTACT DETAILS

Correspondence Address		Postcode	<input type="text"/>
Permanent Home address <input type="checkbox"/> Same as above (Should not be Post Office Box)		Postcode	<input type="text"/>
Foreign Address (Mandatory for Foreigners)			
Home Telephone Number		Office Telephone Number	
Mobile Number		Fax Number	
Email Address (Max 30 Characters Only)			

EMPLOYMENT DETAILS

Employment Type	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired					
Occupation	<input type="checkbox"/> Clerical <input type="checkbox"/> Professional <input type="checkbox"/> Labourer <input type="checkbox"/> Technician <input type="checkbox"/> Student <input type="checkbox"/> Educator <input type="checkbox"/> Uniform / Public Services <input type="checkbox"/> Sales Representative <input type="checkbox"/> Housewife <input type="checkbox"/> Domestic Helper <input type="checkbox"/> Other (Please Specify) _____					
Job Title/Designation						
Current Employer/Company/Business						
Employment Address						
Office Email Address						
Office Telephone Number		Office Fax Number				
Annual Employment Income (BND)		Number of Years with Employer				
Annual Other Income (BND)		Source of Other Income				

SPOUSE DETAILS

Full Name (as per Identity Document) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr			
Home Telephone Number		Office Telephone Number	
Hand Phone Number		Occupation	

DECLARATION OF SOURCE OF WEALTH			
Source of Wealth	<input type="checkbox"/> Inheritance <input type="checkbox"/> Property Sale <input type="checkbox"/> Investment <input type="checkbox"/> Other Assets <input type="checkbox"/> None		
ACCOUNT INTRODUCER (For Non-Resident Account Openings Only)			
Full Name (as per Identity Document) <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr			
Identity Card Number		Relationship to Account Holder	
Home Telephone Number		Mobile Number	
Permanent Home Address			<div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">S.V.</div> _____ Introducer's Signature
FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) DECLARATION			
Please tick where appropriate		YES	NO
Are you a U.S citizen or resident?			
Were you born in the U.S?			
Do you have a U.S. residence or mailing address (including US Post Office Box)?			
Have you provided standing instructions to transfer funds to a U.S. based account or an account maintained in the U.S.?			
Have you granted power of attorney over the account to a person with a U.S. address?			
Do you have a U.S. telephone number?			
Do you have a Care of or Hold mail address which is the sole address of account holder?			
DECLARATION			
I warrant that the information provided in this Personal Customer Information form and all supporting document(s) furnished by me is true and correct.			
<div style="border: 1px solid black; padding: 10px; margin-bottom: 10px;"> <div style="text-align: center;">Signature of Applicant</div> <div style="text-align: right; margin-top: 50px;"> <div style="border: 1px solid black; border-radius: 50%; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">S.V.</div> </div> </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Name</div>			

BANK USE SECTION				ACCOUNT OPENING MAINTENANCE		
AO Name		AO Code		Flexbranch	Name & Initial	Date
Caution List	Date	Yes	No	Inpitted by		
Bankruptcy				Authorised by		
Litigation				<small>(Supervisor level and above)</small>		
UCA/BFB				BSC-CADC Input	Name & Initial	Date
UN				Inpitted by		
OFAC				Authorised by		
				<small>(Supervisor level and above)</small>		
CL Screening	Name & Initial	Date		Reconciled by		
Checked & Attended by				Remarks and Approvals Obtained		
Confirmed by						
<small>(Supervisor level and above)</small>						
Customer Due Diligence						
<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Resident of High Risk Country (If any of above applies, approval required from Compliance and HODs)						