

# CUSTOMER INFORMATION FORM

## Business

REFERENCE NUMBER

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### SECTION 1

### GENERAL INFORMATION

Customer Type  New Customer  Existing Customer

Name of Business/ Institute

Registration No.

Registered Date

D	D	M	M	Y	Y	Y	Y
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Business Registration  
Expiry Date

D	D	M	M	Y	Y	Y	Y
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Tax ID No. (TIN)

Name of Parent Company/  
Business Owner

Registration No. of Parent  
Company/ ID Card No.

Date of Incorporation

D	D	M	M	Y	Y	Y	Y
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Date of Commencement  
of Business

D	D	M	M	Y	Y	Y	Y
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Country of Incorporation

Type of Business

- Sole Proprietorship     Public Limited Company     Partnership     Private Company  
 Government Institute     Co-operative Society     Club/Society/Association/NGO  
 Others, please specify

Nature of Business

- Agriculture     Manufacturing     Import     Catering/ Restaurant  
 Travel/Tourism     Construction     Export     Retail/ Wholesale Trading  
 Transport     Health Service     Fisheries     Professional/Consultancy  
 Education/ Training

Primary Business Activity

Number of Shareholders/  
Owners

Number of Employees

### SECTION 2

### CONTACT DETAILS

Registered Address

Floor

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Road

District

Atoll/Island

Postal Code

Country

Business Address

Floor

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Road

District

Atoll/Island

Postal Code

Country

Contact Person

Contact Number

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ID Card No.

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Designation

Home/Office Number

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Mobile Number

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E-mail Address

Preferred Postal Address

Permanent Address

Present Address

## SECTION 2

### CONTACT DETAILS

Secondary Contact Person	Contact Name	<input type="text"/>
	ID Card No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Designation	<input type="text"/>
	Mobile Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	E-mail Address	<input type="text"/>

## SECTION 3

### FINANCIAL DETAILS

Capital Invested (MVR)	<input type="text"/>	Annual Revenue (MVR)	<input type="text"/>
Source of income	<input type="checkbox"/> Profit Income <input type="checkbox"/> Interest in time deposits <input type="checkbox"/> Others, please specify <input type="text"/>	<input type="checkbox"/> Sale of property/vessel/vehicle <input type="checkbox"/> Family remittance	<input type="checkbox"/> Sales and business turnover <input type="checkbox"/> Gift/ Donation <input type="text"/>
Credit facilities <small>please fill all applicable details</small>	<input type="checkbox"/> Loan <input type="checkbox"/> Overdraft <input type="checkbox"/> Others, please specify <input type="text"/>		
Bankers <small>(please tick all banks where you operate an account)</small>	<input type="checkbox"/> HSBC <input type="checkbox"/> SBI <input type="checkbox"/> MCB <input type="checkbox"/> HBL <input type="checkbox"/> BOC <input type="checkbox"/> MIB <input type="checkbox"/> BML <input type="checkbox"/> Others, please specify <input type="text"/>		

## SECTION 4

### DETAILS OF RELATED BUSINESS

If the number of businesses exceed the provided slots, please attach an additional copy of this page and complete the following.

	Name of Company/Business	Registration No.	Registered Date
1.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## SECTION 5

### DETAILS OF ASSETS OWNED

Movable	Name	Qty	Approximate Value
	Vessels		
	Vehicles		
	Machineries		
	Others		
Immovable	Name	Qty	Approximate Value
	Property		
	Apartment		
	Others		
Others	Name	Qty	Approximate Value
	Fixed Deposit		
	Shares		

**SECTION 6**      **DECLARATION**

1. I confirm to the best of my knowledge and belief that the information provided herein in the form is true and accurate. I authorize MFLC to verify the information provided by contacting banks, organizations and individuals.  
 2. I undertake to inform MFLC of any changes therein, immediately that may have material impact on the submitted/ declared information. In any case any of the above information is found to be false, untrue, misleading or misrepresenting, I am aware that I may be liable for it.  
 3. I/we hereby authorize MFLC to release, discuss, share, disclose or otherwise provide personal and/or confidential information contained in the loan/lease documents to the Secondary Contact Person(s) in the KYC documentation. I/we hereby release MFLC, any of its associated or affiliated companies, their directors, officers, agents, and employees, from all claims of any kind on account of MFLC providing such information.

Signature 1

Signature 2

Company Seal/ Stamp

Date 

D	D	M	M	Y	Y	Y	Y
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**SECTION 7**      **FATCA DECLARATION**

We declare that our company/entity is not a tax resident of U.S/ while our beneficial owners( with 10% and above shareholding) are not U.S tax residents as on date/ and our beneficiaries do not receive US sourced income. I/We further undertake to inform MFLC if we/our beneficial owners (with 10% and above shareholding) obtains USA Citizenship/ Greencard/ Passport in future within material time and authorize MFLC to disclose required information to Inland Revenue Services in USA.

We declare that our company/ entity is a tax resident of U.S/ our beneficial owners (with 10% and above shareholding) are U.S tax residents / Beneficiary of US sourced income and authorize MFLC to disclose required information to Inland Revenue Services of USA under FATCA.

If YES

Form No.	W9	W-8BEN
Details	For U.S Citizens or other U.S Person including resident alien individual	Customers who does not fall under W9 category above <ul style="list-style-type: none"> <li>• Non-resident alien</li> <li>• U.S birth place (without Citizenship and Lawful Permanent Residency) Form No. W9 W-8BEN</li> <li>• U.S Address (residence, correspondence, or PO Box)</li> <li>• One or more U.S telephone numbers</li> <li>• Account at a U.S Bank</li> <li>• Power of Attorney or signatory authority granted to person with US address</li> </ul>

Full Name

Signature

**SECTION 8**      **FOR OFFICE USE ONLY**

Form and supporting documents received by

Staff ID

Staff Name

Date 

D	D	M	M	Y	Y	Y	Y
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Signature

Stamp