

CUSTOMER INFORMATION FORM

Individual

REFERENCE NUMBER

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SECTION I

GENERAL INFORMATION

Customer Type	<input type="checkbox"/> New Customer	<input type="checkbox"/> Existing Customer
Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Full Name (as in ID Card)	<input type="text"/>	
ID Card No.	<input type="text"/>	ID Card Expiry Date <input type="text"/>
Passport Number (For foreigners)	<input type="text"/>	Passport Expiry Date <input type="text"/>
Workpermit/ Visa (For foreigners)	<input type="text"/>	Workpermit/ Visa Expiry Date <input type="text"/>
Nationality	<input type="text"/>	Date of Birth <input type="text"/>
Place of Birth	<input type="text"/>	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Name of Spouse (as in ID Card)	<input type="text"/>	
ID Card No.	<input type="text"/>	Contact Number <input type="text"/>
Total number of children	<input type="text"/>	Below 18 years <input type="checkbox"/> Above 18 years <input type="checkbox"/>
Educational Qualifications	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Post-graduate <input type="checkbox"/> Professional	
Others, please specify	<input type="text"/>	

SECTION 2 CONTACT DETAILS

Registered Address	<input type="text"/>	Floor	<input type="text"/>	Road	<input type="text"/>
District	<input type="text"/>	Atoll/Island	<input type="text"/>	Postal Code	<input type="text"/>
Country	<input type="text"/>				
Present Address	<input type="text"/>	Floor	<input type="text"/>	Road	<input type="text"/>
District	<input type="text"/>	Atoll/Island	<input type="text"/>	Postal Code	<input type="text"/>
Country	<input type="text"/>				
Accommodation	<input type="checkbox"/> Shared home	<input type="checkbox"/> Rent	Contact Number	<input type="text"/>	
Home/Office Number	<input type="text"/>		E-mail Address	<input type="text"/>	
Preferred Postal Address	Permanent Address	<input type="checkbox"/>	Present Address	<input type="checkbox"/>	
Secondary Contact Person (Must be an immediate family member)	Name	<input type="text"/>			
	ID Card No.	<input type="text"/>			
	Permanent Address	<input type="text"/>			
	Present Address	<input type="text"/>			
	Mobile Number	<input type="text"/>			
	E-mail Address	<input type="text"/>			
	Relationship to the Applicant	<input type="text"/>			

SECTION 3 EMPLOYMENT DETAILS

Employment Status	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student	<input type="checkbox"/> Retired
Employment Sector	<input type="checkbox"/> Civil/State	<input type="checkbox"/> Private	<input type="checkbox"/> Public	<input type="checkbox"/> Military	
	<input type="checkbox"/> Political	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Judiciary		
	<input type="checkbox"/> Other, please specify	<input type="text"/>			
Employer Name	<input type="text"/>	Occupation/Designation	<input type="text"/>		
Date Joined	<input type="text"/>	Basic Salary	<input type="text"/>		
Other Allowance	<input type="text"/>	Net Salary	<input type="text"/>		
HR Contact Full Name	<input type="text"/>	Contact Number	<input type="text"/>		

SECTION 4 PREVIOUS EMPLOYMENT DETAILS

Employer Name	Occupation/Designation	Salary (MVR)	Date Joined	Date Resigned
<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"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5

FINANCIAL DETAILS

Source of income	<input type="checkbox"/> Salary	<input type="checkbox"/> Sale of property/asset	<input type="checkbox"/> Sales and business turnover
	<input type="checkbox"/> Interest in time deposits	<input type="checkbox"/> Family remittance	<input type="checkbox"/> Gift/Donation
	<input type="checkbox"/> Rent	<input type="checkbox"/> Profit Income	<input type="checkbox"/> Pension
	<input type="checkbox"/> Others, please specify	<input type="text"/>	
Total Monthly Income (MVR)	<input type="checkbox"/> Less than 5,000	<input type="checkbox"/> 5,000 to 15,000	<input type="checkbox"/> 15,000 to 30,000
	<input type="checkbox"/> 30,000 to 45,000	<input type="checkbox"/> 45,000 to 60,000	<input type="checkbox"/> Over 60,000
Total Monthly Expenses (MVR)	<input type="checkbox"/> Less than 5,000	<input type="checkbox"/> 5,000 to 15,000	<input type="checkbox"/> 15,000 to 30,000
	<input type="checkbox"/> 30,000 to 45,000	<input type="checkbox"/> 45,000 to 60,000	<input type="checkbox"/> Over 60,000
Tax ID No. (TIN), if applicable	<input type="text"/>		
Details of related business	Name of Business	<input type="text"/>	
	Designation	<input type="text"/>	
	Registered Date	<input type="text"/>	
	Affiliated Date	<input type="text"/>	
Bankers (please tick all banks where you operate an account)	<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 6

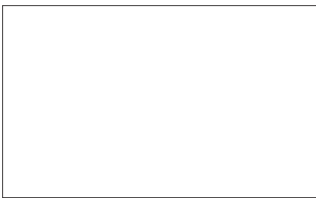
DETAILS OF ASSETS OWNED

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		
	Provident Fund		
	Pension Fund		

SECTION 7

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 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 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

D	D	M	M	Y	Y	Y	Y
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Date

SECTION 8

FATCA DECLARATION

- I declare that I do not possess USA nationality/Lawful Permanent Residency/Passport/power of attorney given to or received from a US person as at this date. I further undertake to inform MFLC if I obtain USA Citizenship/Green Card/Lawful Permanent Residency/Passport/power of attorney in future within material time and authorize MFLC to disclose required information to relevant authorities in USA".
- I declare that I possess USA nationality/Lawful Permanent Residency/Passport/power of attorney given to or received from a US person as at this date OR fall under one of the indicia listed below and authorize MFLC to disclose required information to relevant authorities 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"> • Non-resident alien • U.S birth place (without Citizenship and Lawful Permanent Residency) Form No. W9 W-8BEN • U.S Address (residence, correspondence, or PO Box) • One or more U.S telephone numbers • Account at a U.S Bank • Power of Attorney or signatory authority granted to person with US address

Full Name

Signature



SECTION 9

FOR OFFICE USE ONLY

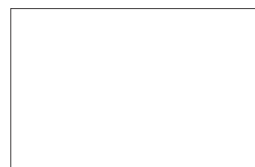
Form and supporting documents received by

Staff ID

Staff Name

Date

D	D	M	M	Y	Y	Y	Y
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Signature



Stamp

SECTION 10

PEP DECLARATION

Politically Exposed Person (PEP declaration)

- I declare I am not a PEP, not a family member/ associated with a PEP
- I declare that I am a PEP, a family member/ associated with a PEP

Please tick the appropriate box if you have held the following positions

- Heads of state/ Heads of government (Example: President, Vice President, Prime Ministers etc).
- Cabinet Ministers and State Ministers [Inclusive of Deputy or Assistant Ministers]
- Members of Parliament [Any similar Legislative Bodies]
- Judges and Magistrates
- Elected Council Members
- Members and Senior Most Officials of a State Agency or Institution [like members of central banks]
- Senior Military Officials [Chief and Vice of Defence Force]
- Senior Officials appointed as per the provisions of a specific law [Example: Head of FIU]
- Senior Political Appointees of a Government [Example: Coordinators at various Ministries]
- Board Members of State-owned Enterprises [Example: STO, Fenaka, MWSC etc.]
- Foreign and Local Diplomats [Inclusive of Ambassadors, Chargés d'affaires etc.]
- Senior Political Party Members [Including members of the governing bodies of political parties].

OR if the answer to the above is 'NO', please tick any of the following applicable boxes

- I am actively seeking or being considered for above stated positions
- I have been retired for less than 12 months from the above mentioned positions
- My close family Members [Parents, Spouses, Children, Siblings..etc.] are holding OR actively seeking OR being considered OR retired for less than 12 months from the above stated positions. [Please complete below]
- Any individual holding any of the above stated position is associated party with my Business and holds more than 25% voting rights/share in your Business/Company. [Please complete below]
- Any individual holding any of the above stated position has significant influence over the policy, business and strategy of my Business/Company implying that the individual takes part in day to day management and the position is not an isolated consultative role or a non-executive role. [Please complete below]
- I have a joint beneficial ownership of a legal entity or a legal arrangement (for example company or trust etc.) or any other close business relationship with an individual holding any of the above stated positions;
- I have a sole beneficial ownership of a legal entity or legal arrangement (for example company or trust etc.) which is set up by a person holding any o the above stated positions;

Full Name

Designation

Signature