

Know Your Customer



Personal Information

Full Name _____ Account No. _____

Residency Resident Individual Non-Resident

Date of Birth _____ Nationality _____ Place of Birth _____

1- Do you hold other nationality? Yes No If yes, specify _____

2- Do you have a foreign official ID? Yes No If yes, specify _____

Please submit at least one of the following valid documents:

Civil ID _____ Passport _____ Driving License _____

Contact Details

Local Address of Applicant _____

Telephone No. Home _____ Office _____ Ext. _____
Mobile No. _____ E-mail _____

Overseas Address of Applicant _____

Telephone No. Home _____ Office _____ Ext. _____
Mobile No. _____

If overseas mailing address other than above please provide mailing address _____

Occupation: Please tick one or more occupations that are applicable

Public Sector Private Sector Professional Financial Advisor
 Retired Private Business Housewife Student
 Other _____

Employer Name _____ Employer Contact No. Office _____
Title _____ Mobile _____

Financial Information

Monthly Salary/Income _____ Other Monthly Income _____
Annual Income _____ Additional Source of Income _____

Other required Information

Are you eligible to pay TAX in any jurisdiction Yes No

If yes, specify jurisdiction _____ Reference No. _____

Do you have a standing instruction to a non-resident beneficiary Yes No

If yes, specify Country _____

Are you a beneficiary of a standing instruction from a non-resident sender Yes No

If yes, specify Country _____

Know Your Customer



Do you hold a power of attorney to a non-resident person Yes No

If yes, specify Country _____

Do you have a relation with other local or foreign financial institution Yes No

If yes, specify name and address _____

Do you conduct business with any local/foreign financial institution Yes No

If yes, provide details of beneficiary name _____ Address _____

Nationality _____ Purpose _____

Are you or your spouse(s) or children or your first degree relative a politically exposed person (PEP)*,

Yes No If yes, specify _____

Self Spouse(s) Childern First Degree Relative

Acknowledgment

I hereby acknowledge the accuracy of all data and information mentioned on the page and beyond. I also admitted under my signature below that I have read and understood the terms, conditions and rules for opening accounts, deposits and services and also approve the application of these Terms and Conditions on my account number _____ and all accounts under my name, regardless of the type and currency of these accounts.

I hereby acknowledge that I am the sole beneficiary from all my accounts existing at present or to be opened in the future in my name with the Bank and that they will not be utilized in any money laundering transaction. However, the Bank may, if the contrary is established, take the necessary measures and procedures stipulated in Anti-Money Laundering Law No. 35/2002 without any responsibility on the Bank thereunder. The Bank may set aside any funds transferred to my accounts immediately on the rise of suspicions involving money laundering operations.

I also undertake to update this KYC upon the bank request. In the event I failed to update my KYC the bank is entitled to close my account(s), and to take any other procedures it finds necessary.

I hereby declare that the above information is true and correct.

Name _____

Branch _____ **Date** _____

Customer Signature _____ **Authorized Staff Signature** _____

Owner of A/C Guardian POA

Attorney's Name _____ Date of POA / /

Nationality _____ ID# _____

*PEP: Person/s assigned, or will be assigned with prominent public tasks in foreign countries, such as top politicians, top government, judicial, and military officials, top executive officers in state-owned companies, and top political parties officials.