









City/Town

Grid for City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Region

Grid for MMDA

Grid for Region

Phone Number1

Grid for Phone Number1

Mobile Number

Grid for Mobile Number

Phone Number2

Grid for Phone Number2

Other Number

Grid for Other Number

Email Address

Grid for Email Address

Class of Signatory (please indicate class in the box provided)

Grid for Class of Signatory

Signature \_\_\_\_\_ Date

Date grid with labels D D M M Y Y Y Y

Grid for Registration Certificate (If a shareholder)

Registration Certificate (If a shareholder)

Grid for Country of Incorporation (if a corporate shareholder)

Country of Incorporation (if a corporate shareholder)

Grid for Names of Beneficial owner(s) (if any)

Names of Beneficial owner(s) (if any)

Grid for Names of Beneficial owner(s) (if any)

f). Full Name of Shareholder

Grid for Full Name of Shareholder

Address

Grid for Address

Status

Grid for Status

Percentage Holding

Grid for Percentage Holding

Mobile Number

Grid for Mobile Number

Nationality

Grid for Nationality

Email Address

Grid for Email Address

Registration Certificate (If a shareholder)

Grid for Registration Certificate (If a shareholder)

Country of Incorporation (if a corporate shareholder)

Grid for Country of Incorporation (if a corporate shareholder)

Names of Beneficial owner(s) (if any)

Grid for Names of Beneficial owner(s) (if any)

12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

Table with 5 columns: NO., NAME AND ADDRESS OF BANK/BRANCH, ACCOUNT NAME, ACCOUNT NUMBER, STATUS: ACTIVE/DORMANT. Rows 1-5.











26.	Business Premises visitation certificate				
27.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents – Passport, National ID Card, National Driver's License and Voter's ID Card.				
28.	Proof of Identity of all Signatories and Directors/Officers whose names appear on the account opening forms/documents – Utility bill (Certified true copy is acceptable if original is not held				
29.	Two completed satisfactory reference forms				
30.	Copy of the audited Financial statements/statement of affairs				
31.	Others (please specify)				

**\*Note**

Originals and photocopies of documents mentioned above must be provided.

**2. KYC RISK PROFILE**

Please tick appropriate risk profile

Low

Medium

High

Please refer the AML/CFT Handbook

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

Name

\_\_\_\_\_  
\_\_\_\_\_

Position

\_\_\_\_\_  
\_\_\_\_\_

**FOR BANK USE ONLY**

**A. ACCOUNT OPENED BY:**

Name

\_\_\_\_\_

Signature: \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y

Name

\_\_\_\_\_

Signature: \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y

**B. DEFFERAL / WAIVER OF DOCUMENTS (IF ANY) AUTHORIZED BY:**

Name

\_\_\_\_\_

Signature: \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y

Name

\_\_\_\_\_

Signature: \_\_\_\_\_

Date

D	D	M	M	Y	Y	Y	Y

**C. ADDRESS VERIFICATION CARRIED OUT BY:**



