## BANK OF CEYLON

## ACCOUNT OPENING FORM PERSONAL BANKING CUSTOMERS

For	Office Use Only	
A/C No.	:	
CIF No. 1	:	
CIF No. 2	:	
Officer's Signature	Date	

The Manager

Bank of Ceylon, Maldives

Please open an Individual / Joint Account as per details provided below.

TYPE OF ACCOUNT							Currency Type														
Current Savir	Local						atriate	iate MVR USD EUR						EUR							
PERSONAL INFORMATION				APPLIC	ANT 1									APP	LIC	ANT	2				
Title		Mr.		Ms.	N	Irs	Dr				Mr.		Ν	/Is.			Mrs			Dr	
Name with initial																					
Permanent Address																					
Current Address	If current	If current address is same as above, please tick here							If current address is same as above, please tick here												
NIC No <sup>1</sup>																					
NIC Expiry Date	DD	M	ΥY	YY					D	М	М	Y	Y	Y	Y						
Passport No <sup>1</sup>																					
Passport Expiry Date	DD	MM	ΥY	YY					D	М	М	Y	Y	Y	Y						
Date of Birth	DD	M M	YY	YY					D	М	М	Y	Y	Y	Y						
Work Permit No <sup>1</sup> (For Foreigners).																					
Mobile No.																					
E-mail Address																					
Nationality	Maldivi	an	Yes	No	If no, s	specify	/	M	aldiv	vian		Yes	s	N	10 <i>I</i>	lf no	, sp	ecify	·		
Country of residence																					
Mailing Address	Pe	rmaner	nt	Curre	nt	Off	ficial		Pe	erma	ner	nt		Cur	ren	ıt 🛛		Offi	icial		
Civil Status	Sir	ngle		Marrie	ed	Oth	ner		Sir	ngle				Ma	rried	d [		Oth	er		
EMPLOYMENT DETAILS <sup>2</sup>																					
Occupation / Related Business																					
Employer's Name																					
Employer Address.																					
Date of Employment	DD	M	ΥY	Y Y					DD	M	М	Y	Y	Ŷ	Y	]					
Monthly Income																					
TAX RELATED DETAILS																					
Are you a US person under the FATCA <sup>3</sup> ?						No		Yes		Ν	0										
Are you a Tax Payer in Maldives / Any Other Country?					No		Yes		N	0											
If Yes Please provide the following Details																					
Tax Number																					
Country of Tax Registered																					
POLITICALLY EXPOSED PERSON (PEP) DECLARATION																					
I Declare that I am a PEP, related of a PEP / associate of a PEP <sup>4</sup> Yes No						Ye	es		N	0											

1 Photocopy to be attached; 2. Employment Letter / proof document for source of income to be attached; 3. If yes, FATCA declaration has to be submitted along with application form; 4. If yes, Personal PEP declaration has to be submitted along with application form.

BOC E- BANKING SERVICES	
Debit Card	Yes No
Internet Banking	Yes No Transfer limit (MVR/USD)
SMS Alerts Yes/No	Applicant 1 Applicant 2 Both

I / We have no objections in giving Debit card / Internet banking facilities to \_

Customer Due Diligence (CDD) Che (Tick relevant box)	ck List APPLICANT 1	APPLICANT 2						
Account Opening Purpose	Business Transactions   Employment     Remittances   Savings     Investment Processes   Loan Repayment     Bill Payment   Other (specify)	Business Transactions   Employment     Remittances   Savings     Investment Processes   Loan Repayment     Bill Payment   Other (specify)						
Source of Funds or Income (Expected source and nature of credits into the account)	Salary   Profit Income     Pension   Sales of Property     Export Proceeds   Rent Income     Professional Income   Family Remittance     Investment Proceeds   Business Turn Over	Salary   Profit Income     Pension   Sales of Property     Export Proceeds   Rent Income     Professional Income   Family Remittance     Investment Proceeds   Business Turn Over						
Anticipated Volumes (Expected / Usual average volumes of deposits into the account in <b>MVR</b> per month)	In MVR     Less than 15,000       15,000 to 30,000     30,000 to 50,000       50,000 to 100,000     100,000 to 200,000       200,000 to 500,000     Over 500,000	In MVR     Less than 15,000       15,000 to 30,000     30,000 to 50,000       50,000 to 100,000     100,000 to 200,000       200,000 to 500,000     Over 500,000						
Expected Mode of Transaction / Delivery Channels	Cash Cheques   Remittances Fund Transfers	Cash Cheques   Remittances Fund Transfers						

OPERATING INSTRUCTIONS

I / We agree to having read, understood and assent to be bound by the Bank's Terms and Conditions as amended from time to time.

## For joint accounts Only

We hereby authorize you to act on instruction given by Either of us / Both / Anyone / All relating to this account.

I / We agree to comply with and to be bound by the rules of the bank governing the conduct of this Account and Other services including Debit card; Internet & Mobile banking; Mobile App; SMS alerts & E-statements which I / We have read and understood. I/ We acknowledge the receipt of a copy of the Terms and conditions governing the above facilities.

In the event if I/we become a US Person under the Foreign Account Tax Compliance Act (FATCA) of USA or get registered as a tax resident of any jurisdiction, at any time in the future I/we do hereby undertake to inform the said fact to the bank immediately

Applicant 1 Signature		Applicant 2 Signature						
Date	D D M M Y Y Y	Date	D D M M Y Y Y					
INTRODUCTION	(FOR CURRENT ACCOUNTS / CHEQUE DEPOS	SIT SAVING ACCOUN	TS ONLY)					
whose signature/s ap	withopear above and his/her/their signature/s was/were affix avings Account with Bank of Ceylon.							
A/C No.:		Name:						
Designation.:		Signature						
FOR OFFICE US	E ONLY							
Enter User ID		Signature:						
Officer User ID:		Signature:						
Chief Operation Mai	nager (Only for high risk / PEP)	Signature:	Signature:					
Compliance Officer's	s Signature:							
Internal Controller S	ignature:		Date D D M M Y Y Y					