BANK OF CEYLON Bankers to the Nation

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 / Joir	nt Account as pe	er details provid	led below.								
TYPE OF ACCOUNT						Currency Type					
Current Savir	urrent Savings Local		Expatri	ate		MVR	USD		EUR		
PERSONAL INFORMATION	APPLICANT 1				APPLICANT 2						
Title	Mr.	Ms.	Mrs	Dr	Mr		Ms.	Mrs		Dr	
Full Name											
Permanent Address											
Current Address	If current address is	If current address is same as above, please tick here									
NIC No ¹											
NIC Expiry Date	D D M M	YYYY			D D M N	1 Y	Y Y Y				
Passport No ¹											
Passport Expiry Date	D D M M	Y Y Y Y			D D M N	ΙΥ	YYY				
Date of Birth	D D M M	YYYY			D D M N	Y	YYY				
Work Permit No ¹ (For Foreigners).											
Mobile No.											
E-mail Address											
Nationality	Maldivian Y	Maldivian Yes No If no, specify									
Country of residence											
Mailing Address	Permanen	Permanent Current Official				Permanent Current Official					
Civil Status	Single	Married	Othe	r	Single		Marrie	d O	ther		
EMPLOYMENT DETAILS ²											
Occupation / Related Business											
Employer's Name											
Employer Address.											
Date of Employment	D D M M	YYYY			D D M N	Υ	YYY				
Monthly Income											
TAX RELATED DETAILS											
Are you a US person under the FATCA ³ ?				Yes	No)					
Are you a Tax Payer in Maldives / Any Other Country? Yes No			Yes	No)						
If Yes Please provide the following	ng Details										
Tax Number											
Country of Tax Registered											
POLITICALLY EXPOSED PERSON	I (PEP) DECLARA	TION									
I Declare that I am a PEP, relate	d of a PEP / ass	sociate of a PEI	O4 Ye	s No	Yes	No)				

BOC E- BANKING SERVICES									
Debit Card			Yes	No					
Internet Banking			Yes	No	Transfer limit (M	VIVR/USD)			
SMS Alerts Yes/No		Applica	nt 1	Applicant 2	Both				
I / We have no objections in giv	ing Debit card / Internet bank	ing facili	ities to						
Customer Due Diligence (CDD) Che (Tick relevant box)	eck List APPLICA	ANT 1				APPLIC	ANT 2		
Account Opening Purpose	Business Transactions Remittances Investment Processes Bill Payment	Sav	nployment vings an Repayr specify)	ment	Remittan	ent Processes	Savi	oloyment ngs n Repayment pecify)	
Source of Funds or Income (Expected source and nature of credits into the account)	Salary Pension Export Proceeds Professional Income Investment Proceeds	Sale	ofit Income les of Prop nt Income mily Remit siness Tur	perty e ittance		roceeds onal Income ent Proceeds	Sale Rent	it Income as of Property t Income nily Remittance iness Turn Over	
Anticipated Volumes (Expected / Usual average volumes of deposits into the account in MVR per month)	In MVR 15,000 to 30,000 50,000 to 100,000 200,000 to 500,000	30,0	ss than 15 000 to 50 0,000 to 2 er 500,000	0,000 200,000		o 30,000 o 100,000 to 500,000	30,00	s than 15,000 00 to 50,000 000 to 200,000 r 500,000	
Expected Mode of Transaction / Delivery Channels	Cash Remittances		eques nd Transfe	ers	Cash Remittar	nces		ques d Transfers	
OPERATING INSTRUCTIONS I / We agree to having read, unc	derstood and assent to be bou	und by th	ne Bank's	Terms	and Conditions	as amended f	rom time t	to time.	
For joint accounts Only									
We hereby authorize you to act	on instruction given by Either	of us / B	3oth / Any	one / Al	Il relating to this	account.			
I / We agree to comply with and Debit card; Internet & Mobile ba the receipt of a copy of the Term	anking; Mobile App; SMS alerts	s & E-sta	atements	which I					
In the event if I/we become a US resident of any jurisdiction, at ar								a tax	
Applicant 1 Signature			Applica Signati						
Date D M	MYYYY			D:	ate DDM	M Y Y Y	Υ		
INTRODUCTION (FOR CURRI	ENT ACCOUNTS / CHEQUE	DEPOS	IT SAVIN	G ACC	OUNTS ONLY)				
I am well acquainted withwhose signature/s appear above ar maintain a Current/Savings Account	nd his/her/their signature/s was/we								
A/C No.:				Nam€	ə:				
Designation.:				Signa	ature				
FOR OFFICE USE ONLY									
Enter User ID			٤	ionature					
			Signature:						
	Officer User ID:			•					
Chief Operation Manager (Only for	-			•	×				
Compliance Officer's Signature:							1		
Internal Controller Signature:						Date D	D M M	YYYY	