

**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				
<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Local	<input type="checkbox"/> Expatriate	<input type="checkbox"/> MVR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR

PERSONAL INFORMATION	APPLICANT 1	APPLICANT 2
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Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs <input type="checkbox"/> Dr	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs <input type="checkbox"/> Dr
Full Name		
Permanent Address		
Current Address	If current address is same as above, please tick here <input type="checkbox"/>	If current address is same as above, please tick here <input type="checkbox"/>
NIC No <sup>1</sup>	<input type="text"/>	<input type="text"/>
NIC Expiry Date	<input type="text"/>	<input type="text"/>
Passport No <sup>1</sup>	<input type="text"/>	<input type="text"/>
Passport Expiry Date	<input type="text"/>	<input type="text"/>
Date of Birth	<input type="text"/>	<input type="text"/>
Work Permit No <sup>1</sup> (For Foreigners).	<input type="text"/>	<input type="text"/>
Mobile No.	<input type="text"/>	<input type="text"/>
E-mail Address		
Nationality	Maldivian <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, specify.....</i>	Maldivian <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, specify.....</i>
Country of residence		
Mailing Address	<input type="checkbox"/> Permanent <input type="checkbox"/> Current <input type="checkbox"/> Official	<input type="checkbox"/> Permanent <input type="checkbox"/> Current <input type="checkbox"/> Official
Civil Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other.....	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other.....

EMPLOYMENT DETAILS <sup>2</sup>	
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Occupation / Related Business	
Employer's Name	
Employer Address.	
Date of Employment	<input type="text"/>
Monthly Income	

TAX RELATED DETAILS	
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Are you a US person under the FATCA <sup>3</sup> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Tax Payer in Maldives / Any Other Country?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes Please provide the following Details		
Tax Number		
Country of Tax Registered		

POLITICALLY EXPOSED PERSON (PEP) DECLARATION	
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I Declare that I am a PEP, related of a PEP / associate of a PEP<sup>4</sup>  Yes  No  Yes  No

*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.*

