

**ACCOUNT OPENING FORM  
 PERSONAL BANKING CUSTOMERS**

**For Office Use Only**

A/C No. : .....  
 CIF No. 1 : .....  
 CIF No. 2 : .....  
 Input by : .....  
 Authorized by : .....  
 .....  
 Manager's Signature Date

The Manager  
 Bank of Ceylon  
 Maldives  
 Please open an Individual / Joint Account as per details provided below.

**TYPE OF ACCOUNT**

Current     Savings - Local     Savings – Expatriate     MVR     USD     EUR

**PERSONAL INFORMATION**

**APPLICANT 1**

**APPLICANT 2**

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr
Account 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"/>
Occupation & type of Business		
Employer's Name		
Employer Address		
Official Telephone No.	<input type="text"/>	<input type="text"/>
Monthly Income (MVR / USD)	<input type="text"/>	<input type="text"/>
ID Card No.	<input type="text"/>	<input type="text"/>
ID Card Expiry Date	<input type="text"/>	<input type="text"/>
Passport No.	<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. (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"/> Official <input type="checkbox"/> Current/Foreign	<input type="checkbox"/> Permanent <input type="checkbox"/> Official <input type="checkbox"/> Current/Foreign
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
Are you a US person under the Foreign Account Tax Compliance Act (FATCA) of the US?*	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

1. Photocopy to be attached; 2. If yes, FATCA declaration has to be submitted along with application form

**BOC e BANKING SERVICES – Mandatory**

Debit Card	Yes/No	
Internet Banking	Yes/No	Daily fund transfer limit (MVR/USD) <input type="text"/>
Mobile Banking	Yes/No	Email Statement (only for current accounts) Yes/No
SMS Alerts	Yes/No	Mobile No. for SMS Alerts <input type="text"/> <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Both <input type="text"/> <input type="checkbox"/> Applicant 2

**Customer Due Diligence (CDD) Check List**

Purpose of Opening the Account	<input type="checkbox"/> Business Transactions	<input type="checkbox"/> Employment	<input type="checkbox"/> Professional Income	<input type="checkbox"/> Bill Payment	<input type="checkbox"/> Savings
	<input type="checkbox"/> Remittances	<input type="checkbox"/> Person	<input type="checkbox"/> Loan Repayment	<input type="checkbox"/> Share transactions	
	<input type="checkbox"/> Investment Processes	Other (specify).....			
Source of Funds or Income (Expected source and nature of credits into the account)	<input type="checkbox"/> Salary	<input type="checkbox"/> Profit Income	<input type="checkbox"/> Export Proceeds	<input type="checkbox"/> Rent Income	<input type="checkbox"/> Gifts
	<input type="checkbox"/> Sales & Business Turn over	<input type="checkbox"/> Donation / Charities	<input type="checkbox"/> Family Remittance		
	<input type="checkbox"/> Sales of Property	<input type="checkbox"/> Assets	<input type="checkbox"/> Professional Income	<input type="checkbox"/> Investment Proceeds	
	<input type="checkbox"/> Pension	Other (specify).....			
Anticipated Volumes ( Expected / Usual average volumes of deposits into the account in MVR / USD per month)	<input type="checkbox"/> Less than 15,000	<input type="checkbox"/> 15,000 to 30,000	<input type="checkbox"/> 30,000 to 50,000	<input type="checkbox"/> 50,000 to 100,000	
	<input type="checkbox"/> 100,000 to 200,000	<input type="checkbox"/> 200,000 to 500,000	<input type="checkbox"/> Over 500,000		
Expected Mode of Transaction / Delivery Channels	<input type="checkbox"/> Cash Deposits	<input type="checkbox"/> Cheques Deposits	<input type="checkbox"/> Inward Remittances	<input type="checkbox"/> Fund Transfers	

Do you wish to make this account a Joint Account?	<input type="checkbox"/> No	<input type="checkbox"/> Yes, ( please specify no. of joint applicants including the primary joint applicant) <input type="text"/> <input type="text"/>		
Please also fill supplementary form for each additional Joint Account holder				
Other Banks (Please tick all banks where you operate an account)	<input type="checkbox"/> HSBC	<input type="checkbox"/> SBI	<input type="checkbox"/> MCB	<input type="checkbox"/> MIB
	<input type="checkbox"/> BML	<input type="checkbox"/> HBL	<input type="checkbox"/> CBM	<input type="checkbox"/> Other, Pease specify

**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.

In the event if I / We become a US person under the Foreign Account Tax Compliance Act (FATCA) of US, I / We do hereby undertake to inform the said fact to the bank immediately

**For joint accounts**

Cheques / Withdrawals will be signed by\* ..... I / We hereby authorize you to act on instruction given by\* ..... relating to this account (\*Insert

*both/either of us/anyone/all*)

In the event of the death of anyone of us the balance at credit of the account will be payable to the survivor without reference to the representatives of the deceased.

**For foreign currency accounts**

I / We agree to comply with and to be bound by the Exchange Control Regulations & Rules of the Bank governing the conduct of this account.

<b>Applicant 1 Signature</b>	<input type="text"/>	<b>Applicant 2 Signature</b>	<input type="text"/>
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Date: ..... Date: .....

**INTRODUCTION (FOR CURRENT ACCOUNTS / CHEQUE DEPOSIT SAVING ACCOUNTS ONLY)**

I am well acquainted with..... whose signature/s appear overleaf and his/her/their signature/s was/were affixed in my presence. I certify that he/she/they is/are suitable person/s to open and maintain a Current/Savings Account with Bank of Ceylon.

A/C No.: .....	Signature:.....
Tele No.:.....	Name & Designation:.....
<b>For Office Use</b>	Address: .....
Verified by: .....	.....
Signature of the Officer: .....	Date:.....