



CHECKLIST

Non Personal Customers

For Bank Use Only

Date :
 Account No :
 Sign. of Officer :

PART I – TO BE FILLED BY CUSTOMER

1. Name of the Entity:

2. Nature & Purpose of the Entity:

3. Names of Directors/Partners/Trustees/Office Bearers:

4. Registered Address:

5. Mailing Address (if differs from the registered address) :

6. Names of Ultimate Beneficial owners:

7. Purpose of Opening the Account:

Business transactions ☐ Social & Charity work ☐ Investment ☐ Trust ☐

Other (Specify) ☐

8. Source of Funds (Expected source and nature of credits into the account)

Sales and Business Turnover ☐ Export Proceeds ☐ Contract Proceeds ☐ Investment Proceeds ☐

Commission Income ☐ Donations/Charities ☐ Profit/Professional Income ☐ Membership Contribution ☐

Other (Specify) ☐

9. Anticipated Volumes :

[Monthly expected/usual average volume of deposits into account in MVR]

Less than 500,000 (or equivalent FC value) ☐

500,000 to 1,000,000 (or equivalent FC value) ☐

1,000,000 to 2,000,000 (or equivalent FC value) ☐

2,000,000 to 5,000,000 (or equivalent FC value) ☐

5,000,000 to 20,000,000 (or equivalent FC value) ☐

Over 20,000,000 (or equivalent FC value) ☐

10. Expected Mode of Transactions/ Delivery Channels:

Cash Deposits ☐

Cheque Deposits ☐

Inward Remittances ☐

Fund Transfers ☐

11. Expected Counter Parties :**12. Does the entity have any foreign investors : Yes / No**

If "Yes" a) Name of the Country :
b) Percentage of the investment :

13. Tax related details:

Are you a Tax Payer in Maldives / Any Other Country? ☐ Yes ☐ No

If Yes Please provide the following Details: Tax Number:

Country of Tax Registered:

14. Entity have third party/ies, acting on behalf of it: Yes/No

If "Yes" details of third party/ies (Name/Address/NIC or PP No/Contact Details/Other)

I/We hereby declare that the information furnished above are true & correct and do hereby undertake to inform the bank any changes in above information in future.

.....
Date

.....
Signature of Authorized Person

.....
Company seal

Part II – For office use**1. Customer Type :**

Proprietorship ☐ Company ☐ Trust ☐
Partnership ☐ Clubs/ Societies/Charities/Associations ☐ NGOs/NPOs ☐

2. Required documents according to internal Circulars obtained ☐**3. Do the entity & related parties* appear in Sanction Lists: Yes / No**
(* Directors/Partners/Trustees/Office Bearers /Share holders/beneficial owners)

Sanction Screening Done ☐

4. Are there any Political Exposed Persons (PEP) related to the entity : Yes / No
(Directors/Partners/Trustees/Office Bearers /Share holders/beneficial owners)

PEP Screening Done ☐

5. If any third parties acts on behalf of the entity

a) Does he/she appear in sanction list : Yes / No
b) Is he/she a Politically Exposed Person (PEP) : Yes / No

Sanction Screening Done ☐
PEP Screening Done ☐

** Any other details /Remarks/Notes :

Declaration of the Authorized Officer

I have carefully examined the above information together with the relevant documents submitted by the customer and satisfied myself that the said information and documents are in conformity with the regulatory requirements and the Internal Policies & circulars of the Bank. Further I have updated the CIF according to the information.

.....
Date

.....
Signature & PF No. of
Authorized Officer