

## Individual Account – Personal Information Form

To be completed by the customer

### Primary Information

<input type="checkbox"/> New Relationship	<input type="checkbox"/> Existing Relationship	CIF No (Existing) <input type="text"/>
Prefix: <input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss
<input type="checkbox"/> Other (specify) _____		
<b>First Name</b> (As per passport)	<b>Middle Name</b>	<b>Family Name</b>
<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Child (Minor)

### Nationality

Nationality:	Dual Nationality:
Passport Number:	Passport Expiry Date: <input type="text"/>
	<small>DD MM YY</small>
Place of Birth:	Date of Birth: <input type="text"/>
	<small>DD MM YY</small>
EID Number:	Expiry Date: <input type="text"/>
	<small>DD MM YY</small>

### Residential Address

Apartment/Villa:	Building:	Floor:
Street/Area:	City:	Country:
PO Box:	Email Address:	
Home Number:	Mobile Number:	

### Home Country Address

Apartment/Villa:	Building:	Floor:
Street/Area:	City:	Country:
PO Box:	Email Address:	
Home Number:	Mobile Number:	

### Business Information

<input type="checkbox"/> Employee	<input type="checkbox"/> Self Employed
Employer Name:	Company Name:
Business Sector:	Business Sector:
Profession/Occupation:	Company Annual Turnover: % of Ownership/Shareholding:
<input type="checkbox"/> Retired, please provide details about your work experience: _____	<input type="checkbox"/> Other, please specify _____

### Business Address

Office:	Building:	Floor:	Street/Area:
City:			Country:
Office Phone Number:	Fax Number:		

**Income and Wealth**
**Monthly Income**

Source of income

- Salary       Business Income for Self-employed  
 Pension       Rental Income       Investment Proceeds  
 Other, please specify \_\_\_\_\_

**Additional Income**

Source of the additional income:

- Commissions       Project Based Incentive  
 Bonus       Rental Income       Investment Proceeds  
 Other, please specify \_\_\_\_\_

**Source of Wealth (if available)**

- Property(ies):  
 Investment portfolio (e.g. shares, bonds):  
 Inheritance:  
 Others, please specify \_\_\_\_\_

**What will be the source of funds in the account?**

- Salary       Savings       Business Ownership       Investment Proceeds       Other (specify) \_\_\_\_\_

Utilisation of funds; Country(ies): \_\_\_\_\_ Purpose: \_\_\_\_\_

**Additional Information (Optional)**

Educational Level:

- High School       Diploma       Bachelor Degree       Master Degree       Doctorate/PHD       Student       Other \_\_\_\_\_

**Family Information**

- Married       Single       Widow       Divorced       Other \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Spouse Occupation: \_\_\_\_\_ Number of Children/Dependents: \_\_\_\_\_

**PEP Status**

Are any of the account holders or the authorised signatories/mandatories considered a PEP or related/associated to a PEP?

- Yes       No

If Yes, please provide further details: \_\_\_\_\_

**Banking Information**
**Purpose of account opening and the reason for establishing/maintaining the relationship with CBI**

- Purpose (what will the account be used for): \_\_\_\_\_

- Reason for choosing CBI:

- Linked accounts       Better pricing       Service issue with existing bank       Other (Specify) \_\_\_\_\_

**CBI related accounts:**       Yes       No

Opening Date	CBI CIF	Account Name	Currency	Branch

**Please provide information about the bank you are currently dealing with**

Bank Name	Branch	City	Country

<b>Type of account required:</b> _____
<b>Currencies:</b> <input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Others, (specify) _____
<b><u>Bank Channels to be used</u></b> <input type="checkbox"/> Branch <input type="checkbox"/> Mobile Banking <input type="checkbox"/> Online Banking <input type="checkbox"/> Call Center <input type="checkbox"/> Automatic Teller Machines (ATMs)/ Cash Deposit Machine (CDMs)
<b><u>Expected products</u></b> <input type="checkbox"/> CASA <input type="checkbox"/> FD <input type="checkbox"/> Credit Card <input type="checkbox"/> Loan <input type="checkbox"/> Trade <input type="checkbox"/> Money Market <input type="checkbox"/> FX <input type="checkbox"/> Insurance <input type="checkbox"/> Investment <input type="checkbox"/> Islamic <input type="checkbox"/> Others (Specify) _____
<b><u>Expected Transaction within the Account</u></b> <input type="checkbox"/> Cash Deposit & Withdrawal <input type="checkbox"/> Cheque Deposit & Withdrawal <input type="checkbox"/> Incoming & Outgoing Transfers <input type="checkbox"/> Others (Specify) _____

<b>Initial Deposit Amount:</b>	<b>Source of Initial Deposit:</b>
<b><u>Expected account activity</u></b>	
Monthly number of cash deposits (count) _____	Monthly value of cash deposits (amounts) _____
Monthly number of cash withdrawal (count) _____	Monthly value of cash withdrawals (amounts) _____
Monthly number of cheque deposits (count) _____	Monthly value of cheque deposits (amounts) _____
Annual number of inward remittances (count) _____	From which country(ies) _____
Annual value of inward remittances (amount) _____	
Annual number of outward remittances (count) _____	To which country(ies) _____
Annual value of outward remittances (amount) _____	

*I/we hereby certify that all of the above mentioned information and all of the documents provided and/or to be provided, are true and reflect the accurate situation to date and that, following the date of such information and documents, I/we will notify the bank immediately of any event, likely to affect my/our financial and legal situation, especially my/our resident or non-resident status. Moreover, I/we hereby undertake to provide the Bank, along with supporting documents, with all of the information that the Bank might request and notify the latter of any change in my/our situation.*

<b><u>Account Holder Name</u></b>	<b><u>Signatures, Place and Date</u></b>
1 -	1 -
2 -	2 -

To be completed by the responsible CBI staff

**For Bank Use Only – Branch/ Business Unit**

**Background Information**

Customer Name: \_\_\_\_\_

New Relationship  Existing Relationship; CIF \_\_\_\_\_

Date account opened: \_\_\_\_\_ Date of last review: \_\_\_\_\_ Next KYC Review Date: \_\_\_\_\_  
DD MM YY DD MM YY DD MM YY

Wholesale Banking Group  Islamic Banking  Business Banking  Retail Banking \_\_\_\_\_

Resident  Non-resident

PEP:  Yes  No

**Standard Customer Due Diligence (CDD) undertaken by the business unit's RM/Branch PB & BOM**

Yes  No

Customer Risk Rating:  Standard Risk  High Risk, reason: \_\_\_\_\_

Case referred to Compliance:  No  Yes; specify the reason: \_\_\_\_\_

**Did you identify that the customer has any business relations with a sanctioned country(ies)?**

Yes  No

If Yes, specify name of the country(ies): \_\_\_\_\_ Reason/nature of relationship: \_\_\_\_\_

US National TIN (Tax Identification Number): \_\_\_\_\_ Individual CRS TIN: \_\_\_\_\_

Economic Sector Code: \_\_\_\_\_

**Comment on your knowledge of the customer's background (business experience, business detail, previous relationship)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Personal Banker/Relationship Manager Name Signature Date

**Branch Manager/Department Head Remarks:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Personal Banker/Relationship Manager Name Signature Date