

## 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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prefix:	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (specify) _____					
First Name (As per passport)		Middle Name			Family Name				
<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"/> DD <input type="text"/> MM <input type="text"/> YY		
Place of Birth:	Date of Birth: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY		
EID Number:	Expiry Date: <input type="text"/> DD <input type="text"/> MM <input type="text"/> YY		

### 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) _____ Annual value of inward remittances (amount) _____	From which country(ies) _____
Annual number of outward remittances (count) _____ Annual value of outward remittances (amount) _____	To which country(ies) _____

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: \_\_\_\_\_  
DD MM YY

Date of last review: \_\_\_\_\_  
DD MM YY

Next KYC Review Date: \_\_\_\_\_  
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