

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) <input type="text"/>		
First Name (As per passport)	Middle Name	Family Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<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"/>
Place of Birth:	Date of Birth: <input type="text"/>
EID Number:	Expiry Date: <input type="text"/>

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="text"/>	<input type="checkbox"/> Other, please specify <input type="text"/>

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

Type of account required: _____	
Currencies: <input type="checkbox"/> AED <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> Others, (specify) _____	
<u>Bank Channels to be used</u> <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)	
<u>Expected products</u> <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) _____	
<u>Expected Transaction within the Account</u> <input type="checkbox"/> Cash Deposit & Withdrawal <input type="checkbox"/> Cheque Deposit & Withdrawal <input type="checkbox"/> Incoming & Outgoing Transfers <input type="checkbox"/> Others (Specify) _____	

Initial Deposit Amount:	Source of Initial Deposit:
<u>Expected account activity</u>	
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.

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