

To be completed by the customer

**Primary Information**

<input type="checkbox"/> <b>New Relationship</b>	<input type="checkbox"/> <b>Existing Relationship</b>	<b>CIF No (Existing)</b> <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**

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

**Residential Address**

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

**Home Country Address**

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

**Business Information**

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

**Business Address**

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

## 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:**     AED             USD             EUR             Others, (specify) \_\_\_\_\_

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**Bank Channels to be used**

Branch     Mobile Banking     Online Banking     Call Center     Automatic Teller Machines (ATMs)/  
Cash Deposit Machine (CDMs)

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**Expected products**

CASA     FD     Credit Card     Loan     Trade     Money Market     FX  
 Insurance     Investment     Islamic     Others (Specify) \_\_\_\_\_

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**Expected Transaction within the Account**

Cash Deposit & Withdrawal             Cheque Deposit & Withdrawal             Incoming & Outgoing Transfers  
 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 -