

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"/>	
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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Place of Birth:		Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
EID Number:		Expiry Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <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="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

Type of account required: _____

Currencies: AED USD EUR Others, (specify) _____

Bank Channels to be used

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

Expected products

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

Expected Transaction within the Account

Cash Deposit & Withdrawal Cheque Deposit & Withdrawal Incoming & Outgoing Transfers
 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) _____ 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.

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

