

CUSTOMER INFORMATION FORM

(BUSINESS ENTITIES & INSTITUTIONS ONLY)



If you have already submitted this form and some information needs to be updated, please fill in your name, ID card number and relevant sections to be changed.

New Customer Existing Customer

1 APPLICANT'S DETAILS (BUSINESS ENTITIES & INSTITUTIONS ONLY)

Name

Registration No Registered date
D D M M Y Y Y Y

Legal entity Public Limited Company Government institution Co-operative Society
 Club/Society/Association NPO/NGO/Charity

Business activity

Name of Reporting Institution/Company Registration No (For parent Company)/ ID Card No. (Business Owner)

Business Registration Expiry (For Sole Proprietor) ID Card Expiry (Business Owner/ For Sole Proprietor)
D D M M Y Y Y Y

Tax ID No. Date of Commencement of Business
D D M M Y Y Y Y

Country of Incorporation Date of Incorporation
D D M M Y Y Y Y

Registered Address Name of Building Atoll Island

Ward Road Floor Apartment No.

Country Postcode

Business Address (If different from above) Name of Building Atoll Island

Ward Road Floor Apartment No.

Country Postcode

Contacts/ E-mail Phone no Fax no E-mail

Contact person Name Designation

Nature of Business
(Please tick all relevant)

<input type="checkbox"/> Agriculture	<input type="checkbox"/> Export	<input type="checkbox"/> Fisheries
<input type="checkbox"/> Health Service	<input type="checkbox"/> Import	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Travel/tourism	<input type="checkbox"/> Retail/Wholesale Trading	<input type="checkbox"/> Professional/Consultancy
<input type="checkbox"/> Catering/Restaurant	<input type="checkbox"/> Transport	<input type="checkbox"/> Education/Training
<input type="checkbox"/> Construction	Other, please specify <input type="text"/>	

2 FINANCIAL DETAILS

Capital Invested MVR	<input type="text"/>	Annual Revenue MVR	<input type="text"/>
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source of income

<input type="checkbox"/> Profit Income	<input type="checkbox"/> Sale of Property/vessel/vehicle	<input type="checkbox"/> Sales & Business Turnover
<input type="checkbox"/> Interest in Time Deposits	<input type="checkbox"/> Family Remittance	<input type="checkbox"/> Gift
Others, please Specify <input type="text"/>		

Credit Facilities
(Please fill all applicable details)

<input type="checkbox"/> Loan	<input type="checkbox"/> Overdraft	<input type="checkbox"/> Others, please Specify
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Bank	Account Number	Account opened date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

3 DETAILS OF ASSETS

Assets

<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Shares
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Movable (please fill all applicable details)

Name	No.	Approx . value
Vessels	<input type="text"/>	<input type="text"/>
Vehicles	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>
Total value of Assets owned	<input type="text"/>	<input type="text"/>

Immovable (please fill all applicable details)

Name	No.	Approx . value
Land	<input type="text"/>	<input type="text"/>
Building	<input type="text"/>	<input type="text"/>
Apartment	<input type="text"/>	<input type="text"/>
Others	<input type="text"/>	<input type="text"/>

4 BANKERS (Please tick all banks where you operate an account)

HSBC	<input type="checkbox"/>	SBI	<input type="checkbox"/>	MCB	<input type="checkbox"/>
Maldives Islamic Bank	<input type="checkbox"/>	Bank of Ceylon	<input type="checkbox"/>	HBL	<input type="checkbox"/>
Other, please specify					

AUTHORISATION/DECLARATION

I /We confirm to the best of my /our knowledge and belief that the information provided is true and accurate. I/We authorize MFLC to verify the information provided by contacting banks, organisations and individuals. I/We undertake to inform MFLC of any changes therein, immediately. In any case any of the above information is found to be false, untrue, misleading or misrepresenting, I am/we are aware that I/we may be liable for it.

Name:

Signature

Date

Company rubber - Stamp

FOR MFLC OFFICE USE ONLY

Date

Received By



🏠 4th Floor, H. Filigasdhoshuge, Ameer Ahmed Magu

Male', 20-066, Republic of Maldives

📞 (+960) 331 5605, (+960) 331 5606

🌐 www.fb.com/MFLCPVTLTD

✉ info@mflc.com.mv

🌐 www.mflc.com.mv