

CUSTOMER INFORMATION FORM (INDIVIDUAL)



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 PERSONAL DETAIL

Mr Ms Dr Other, Please specify

Full Name (as in ID Card)

ID Card Number (for Maldivians)

ID Card Expiry
D D M M Y Y Y Y

Passport Number (for Foreigners)

Passport Expiry
D D M M Y Y Y Y

Work Permit / Visa (for Foreigners)

Work Permit / Visa Expiry
D D M M Y Y Y Y

Place of Birth

Date of Birth
D D M M Y Y Y Y

Nationality

Sex F M

Permanent Address
Name of House Atoll Island

Road Postcode Floor Apartment No.

Present Address
Name of House Atoll Island

Road Postcode Floor Apartment No.

Contacts/ E-mail
Office Mobile Emergency contact number E-mail

Preferred Mailing Address Permanent Present

2 Family Details

Marital status

Married

Widowed

Single

Details of Spouse (if married)

Name

ID Card No

Occupation

Contact Number

Designation

Salary / Income

Accommodation

Sharehome

Rent

Own house

No. of Children

No. of Children below 18 years

3 EMPLOYMENT DETAILS

Employment Status

Salaried

Self employed

Unemployed

Student

Retired

Civil / State

Private

Public

Military

Political

Volunteer

Judiciary

Other, Please specify

Employer Name

Date joined

Occupation /
Designation

Basic Salary

Contact Person
For Reference

Net Salary

Email

Contact No

Name of Previous Employer
if you have been in your
current job for less than
12 months.

Designation

Salary

Duration

4 EDUCATIONAL QUALIFICATION

Primary Secondary Tertiary Other

OTHERS, PLEASE SPECIFY

5 FINANCIAL DETAILS

Sources of
Wealth or Income

<input type="checkbox"/> Salary	<input type="checkbox"/> Profit Income	<input type="checkbox"/> Interest in Time Deposit
<input type="checkbox"/> Pension	<input type="checkbox"/> Sale of Property/vessel/vehical	<input type="checkbox"/> Gift/donations
<input type="checkbox"/> Family Remittance	<input type="checkbox"/> Rent	<input type="checkbox"/> Others, please specify

Monthly Salary MVR
(including allowances)

<input type="checkbox"/> Less than 5,000	<input type="checkbox"/> 15,000 to 30,000	<input type="checkbox"/> 45,000 to 60,000
<input type="checkbox"/> 5,000 to 15,000	<input type="checkbox"/> 30,000 to 45,000	<input type="checkbox"/> Over 60,000

Monthly Living
Expenses MVR

<input type="checkbox"/> Less than 5,000	<input type="checkbox"/> 15,000 to 30,000	<input type="checkbox"/> 45,000 to 60,000
<input type="checkbox"/> 5,000 to 15,000	<input type="checkbox"/> 30,000 to 45,000	<input type="checkbox"/> Over 60,000

Other Income MVR
(MFLC may ask for supporting
documents for additional
income declared)

<input type="checkbox"/> Less than 5,000	<input type="checkbox"/> 30,000 to 45,000	<input type="checkbox"/> 80,000 to 100,000
<input type="checkbox"/> 5,000 to 15,000	<input type="checkbox"/> 45,000 to 60,000	<input type="checkbox"/> 100,000 to 200,000
<input type="checkbox"/> 15,000 to 30,000	<input type="checkbox"/> 30,000 to 45,000	<input type="checkbox"/> Over 200,000

DETAILS OF RELATED BUSINESS

(Name of concerns in which you have financial and other interests)

(If space provided is inadequate provide details in a seperate sheet and submit along with this form.)

Name of Busines	Designation
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

6 DETAILS OF ASSETS OWNED

Movable (please fill all applicable details)

Immovable (please fill all applicable details)

Others (please fill all applicable details)

Name	Number	Approx. Value	Name	Number	Approx. Value	Name	Approx. Value
Vessels			Land			Fixed Deposit	
Vehicles			Building			Shares	
Mechineries			Apertment			Provident Fund	
Others			Others			Pension Fun	

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

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

AUTHORISATION/DECLARATION

I confirm to the best of my knowledge and belief that the information provided is true and accurate. I authorize MFLC to verify the information provided by contacting banks, organisations and individuals. I 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 aware that I may be liable for it.

Name

(as it appears in ID Card)

Signature

(as it appears in ID Card)

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"/>
D	D	M	M	Y	Y	Y	Y

FOR MFLC OFFICE USE ONLY

Date

Recived By



4th Floor, H. Filigasdhoshuge, Ameer Ahmed Magu I Male', 20-066, Republic of Maldives
 (+960) 331 5605, (+960) 331 5606 | www.fb.com/MFLCPVTLTD | info@mflc.com.mv | www.mflc.com.mv