

**SAMPLE FORM ONLY FOR GUIDANCE: PLEASE USE YOUR OWN PERSONAL INFORMATION WHEN FILLING OUT THE ACTUAL FORM**

To be completed by the customer

**Primary Information**

<input type="checkbox"/> New Relationship	<input checked="" type="checkbox"/> Existing Relationship	CIF No (Existing)	23456
Prefix: <input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input checked="" type="checkbox"/> Miss	<input type="checkbox"/> Other (specify) _____
<b>First Name</b> (As per passport)	<b>Middle Name</b>	<b>Family Name</b>	
CHANDANI	RAHUL	MIRCHANDANI	
<input checked="" type="checkbox"/> Resident		<input type="checkbox"/> Non Resident	
<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	<input type="checkbox"/> Child (Minor)	

**Nationality**

Nationality: INDIAN	Dual Nationality:
Passport Number: P2698741	Passport Expiry Date: 02/02/2024
Place of Birth: DUBAI	Date of Birth: 09/04/1991
EID Number: 784199123489345	Expiry Date: 03-04-2020

**Residential Address**

Apartment/Villa: FLAT NO 305	Building: NCOR BLDG	Floor: 3
Street/Area: AL QUSAIS	City: DUBAI	Country: UAE
PO Box: 4997	Email Address: CHANDANI123@GMAIL.COM	
Home Number: 041234567	Mobile Number: 0501234567	

**Home Country Address**

Apartment/Villa: VILLA NO 12	Building:	Floor:
Street/Area: BANDRA	City: MUMBAI	Country: INDIA
PO Box:	Email Address:	
Home Number:	Mobile Number: 911234234567	

**Business Information**

<input checked="" 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: 308	Building: VISION TOWER	Floor: 3	Street/Area: BUSINESS BAY
City: DUBAI		Country: UAE	
Office Phone Number:	Fax Number:		

## Income and Wealth

<p><b>Monthly Income</b></p> <p>Source of income</p> <p><input checked="" type="checkbox"/> Salary      <input type="checkbox"/> Business Income for Self-employed</p> <p><input type="checkbox"/> Pension      <input type="checkbox"/> Rental Income      <input type="checkbox"/> Investment Proceeds</p> <p><input type="checkbox"/> Other, please specify _____</p>	<p><b>Additional Income</b></p> <p>Source of the additional income:</p> <p><input type="checkbox"/> Commissions      <input type="checkbox"/> Project Based Incentive</p> <p><input checked="" type="checkbox"/> Bonus      <input type="checkbox"/> Rental Income      <input type="checkbox"/> Investment Proceeds</p> <p><input type="checkbox"/> Other, please specify _____</p>
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**Source of Wealth (if available)**

<input type="checkbox"/> Property(ies):
<input type="checkbox"/> Investment portfolio (e.g. shares, bonds):
<input type="checkbox"/> Inheritance:
<input type="checkbox"/> Others, please specify

**What will be the source of funds in the account?**

<input checked="" type="checkbox"/> Salary <input type="checkbox"/> Savings <input type="checkbox"/> Business Ownership <input type="checkbox"/> Investment Proceeds <input type="checkbox"/> Other (specify) _____
Utilisation of funds; Country(ies): _____ Purpose: _____

**Additional Information (Optional)**

Educational Level: <input type="checkbox"/> High School <input type="checkbox"/> Diploma <input checked="" type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master Degree <input type="checkbox"/> Doctorate <input type="checkbox"/> Student <input type="checkbox"/> Other _____
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**Family Information**

<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide further details: _____

## Banking Information

<b>Purpose of account opening and the reason for establishing/maintaining the relationship with CBI</b>				
- Purpose (what will the account be used for): SALARY				
- Reason for choosing CBI: <input type="checkbox"/> Linked accounts <input checked="" type="checkbox"/> Better pricing <input type="checkbox"/> Service issue with existing bank <input type="checkbox"/> Other (Specify) _____				
<b>CBI related accounts:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Opening Date	CBI CIF	Account Name	Currency	Branch
09-10-2016	23456	CHANDANI RAHUL MIRCHANDANI	AED	DUBAI MAIN
<b>Please provide information about the bank you are currently dealing with</b>				
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) \_\_\_\_\_

<b>Initial Deposit Amount:</b> 2000	<b>Source of Initial Deposit:</b> SALARY
<b>Expected account activity</b>	
Monthly number of cash deposits (count) 1	Monthly value of cash deposits (amounts) 100
Monthly number of cash withdrawal (count) 4	Monthly value of cash withdrawals (amounts) 500
Monthly number of cheque deposits (count) _____	Monthly value of cheque deposits (amounts) _____
Annual number of inward remittances (count) 12	From which country(ies) UAE
Annual value of inward remittances (amount) 1200	
Annual number of outward remittances (count) _____	To which country(ies) INDIA
Annual value of outward remittances (amount) 2000	

*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>Account Holder Name</b>	<b>Signatures, Place and Date</b>
1 - CHANDANI RAHUL MIRCHANDANI	1 -
2 -	2 -

To be completed by the responsible CBI staff

**For Bank Use Only – Branch/ Business Unit**

**Background Information**

**Customer Name:** \_\_\_\_\_

New Relationship  Existing Relationship; CIF |\_|\_|\_|\_|\_|\_|\_|\_|

Date account opened: |\_|\_|\_|\_|\_|\_|\_| Date of last review: |\_|\_|\_|\_|\_|\_|\_| Next KYC Review Date: |\_|\_|\_|\_|\_|\_|\_|

Wholesale Banking Group  Islamic Banking  Business Banking  Retail Banking \_\_\_\_\_

Resident  Non-resident

PEP:  Yes  No

**Standard Customer Due Diligence (CDD) undertaken by the business unit's RM/Branch PB & BOM**

Yes  No

Customer Risk Rating:  Standard Risk  High Risk, reason: \_\_\_\_\_

Case referred to Compliance:  No  Yes; specify the reason: \_\_\_\_\_

**Did you identify that the customer has any business relations with a sanctioned country(ies)?**

Yes  No

If Yes, specify name of the country(ies): \_\_\_\_\_ Reason/nature of relationship: \_\_\_\_\_

US National TIN (Tax Identification Number): \_\_\_\_\_ Individual CRS TIN: \_\_\_\_\_

Economic Sector Code: \_\_\_\_\_

**Comment on your knowledge of the customer's background, business experience, business detail, previous relationship)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Date

**Branch Manager/Department Head Remarks:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Signature  
 Date