

## **CREDIT CARD – PERSONAL INFORMATION FORM**

To be completed by the customer Primary Information					
New Relationship	Existing Relationship	D	CIF No (Existing):		
Prefix: 🗌 MR	MRS	🗌 Miss	🗌 other (specify)		
First Name (As per the passport)	Middle name		Family Name		
□ Resident	🗆 Non – Resident				
🗆 Male	🗌 Female		🗆 Child (Minor)		
Nationality					
Nationality:		Dual Na	itionality:		
Passport number:	Place a		ce and Date of Birth (DD/MM/YY):		
Passport expiry date:					
EID number:		Expiry date:			
Residential Address					
Apartment/Villa:		Building:			
Floor:		Street/ Area	:		
City:		Country:			
PO Box:					
Email Address: Home Number:		Mobile Num	bor		
Home Country Address		WODILE Main			
Apartment/Villa:		Building:			
Floor:		Street/ Area	•		
City:		Country:			
PO Box:		j-			
Home Number: Mobile Number:					
Business Information					
Employee		🗆 Self Emp	loyed		
Employer Name:		Company Na			
Business Sector:		Business Sector:			
Proffession/ occupation:			nual Turnover:		
		% of owners	hip/sharholding :		
Retired, please provide details at Experience:	-	🗌 Others, p	please specify details,		
Business Address					
Office:			Building:		
Floor:	Street/ Area		:		
City:		Country:			
Office Phone Number:		Fax Number:			

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 relationship commenced:			
□ Wholesale Banking Group □Islamic Banking □Business Banking □Retail Banking,Branch			
Resident     Non-resident			
PEP: YES INO			
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)			
Next KYC Review Date:			
Comments on your knowledge of the customer's background (business experience, business detail, previous relationship):			
Personal Banker /Relationship Manager Name, Signature and Date:			
Branch Manager / Department Head Remarks:			
Personal Banker /Relationship Manager Name, Signature and Date:			

Income and Wealth					
Monthly Income: Amount: Source of income Salary Business income for self-employed Pension Rental income Investment proceeds Other , please specify: What will be the source of funds for the repayments in the C	Additional Income: Amount: source of the additional income Commissions Project based incentive Bonus Rental income Investement Proceeds Other , please specify:				
□ Salary □ Savings □ Business Ownership □ Investment Proceeds □ Other (specify)					
Are any of the account holders or the authorized signatories/ mandatories considered a PEP or related /associated to a PEP?  Yes If Yes, please provide further details:					
Repayment Information:					
Expected Credit Card Repayment transactions					
□ Cash Deposits □ Cheque Deposit	Wire Transfer				
Others (Specify):					
Expected Credit Card Repayment frequency					
Monthly  More than once a month					
□ Others (Specify):					
I/We hereby certify that all of the abovementioned 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 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>Credit Card holder name:</u>	Signatures, place and Date:				
1- Primary Credit Card Holder					
2- Secondary Credit Card Holder					