

For INDIVIDUALS Only**A. Identity Details**

1. Designation: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others:	
2. First Name:	
3. Middle Name:	
4. Surname:	
5. Date of Birth (dd/mm/yyyy):	
6. Nationality:	7. Status: <input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident

B. Address Details

8. Permanent home address (Not PO Box):	
9. City/Town:	10. State/Country:
11. Telephone:	12. Mobile:
13. Email address:	
14. Means of Identification. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached <input type="checkbox"/> Driver's license <input type="checkbox"/> International Passport <input type="checkbox"/> Voters Identity Card <input type="checkbox"/> National ID Card	
15. Proof of address provided Submit ANY ONE of the following valid documents & tick (✓) against the document attached <input type="checkbox"/> Latest Telephone Bill (Within 3 months old) <input type="checkbox"/> Latest Electricity Bill (Within 3 months old) <input type="checkbox"/> Lease/Rental Agreement of residence	
16. Correspondence address If different from permanent address (Also, supply proof for address):	

C. Other details

17. **Transaction Source of Funding** Select more than one, where applicable

<input type="checkbox"/> (a) Employment income (salary/compensation/bonus)	<input type="checkbox"/> (g) Inheritance
<input type="checkbox"/> (b) Sale of investments/liquidation of an investment portfolio	<input type="checkbox"/> (h) Compensation payment /Pension
<input type="checkbox"/> (c) Dividend from Investment	<input type="checkbox"/> (i) Accumulated cash from trading
<input type="checkbox"/> (d) Sale of property	<input type="checkbox"/> (j) Maturity life insurance policy
<input type="checkbox"/> (e) Divorce Settlement	<input type="checkbox"/> (k) Savings, please specify
<input type="checkbox"/> (f) Business income (profits)	<input type="checkbox"/> (l) Others, please specify: _____

18. Occupation Details. Please tick as applicable (✓)

- | | |
|---|---|
| <input type="checkbox"/> Private Sector Service | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Public Sector/Government Service | <input type="checkbox"/> Housewife |
| <input type="checkbox"/> Business | <input type="checkbox"/> Student |
| <input type="checkbox"/> Professional Consultant | <input type="checkbox"/> Forex Dealer |
| <input type="checkbox"/> Agriculturist | <input type="checkbox"/> Others (Please specify): _____ |

19. If the following is additionally applicable to you. Tick (✓) one or more as applicable

- | | |
|--|--|
| <input type="checkbox"/> Civil Servant above Grade 7 | <input type="checkbox"/> Current or former Senior Cadre of the policy/army |
| <input type="checkbox"/> Senior Executive of Financial Institution | <input type="checkbox"/> Politician |
| <input type="checkbox"/> Current or Former Legislator | <input type="checkbox"/> Current or Former Head of State |

20. Main Source(s) of wealth. You can tick more than one

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Salary | <input type="checkbox"/> Dividends | <input type="checkbox"/> Others specify _____ |
| <input type="checkbox"/> Investment income | <input type="checkbox"/> Inheritance | _____ |
| <input type="checkbox"/> Business profits | <input type="checkbox"/> Gifts | _____ |

21. I have attached the following valid documents

- | | |
|---|---|
| <input type="checkbox"/> Means of Identification in item 14 above | <input type="checkbox"/> Means of Address Verification in item 15 above |
| <input type="checkbox"/> Recent passport photograph | |

22. Data Protection Statement

To provide you with products and services, we need to collect, use, share and store personal and financial information about you. This includes the information requested on this form and information obtained from third parties. The information requested may assist us in providing the service you are applying for, advise you of other products and services, confirm, update and enhance records, and establish your identity. The data we collect may be shared/transferred to / or stored / or processed at our offices in other countries. We will seek your consent where your personal data is to be processed for reasons other than that for which it was obtained, except in cases involving filing or submission in fulfillment of AML/CFT regulations or other regulatory requirements. From time to time, we may need to disclose personal information to comply with a legal requirement, such as a law, regulation, court order, subpoena, warrant, in the course of a legal proceeding or in response to a law enforcement agency request

23. Declaration

- I declare that the information mentioned above is true and correct to the best of my knowledge, and it has been made in good faith. I accept that you will rely on this information to fulfill all of its regulatory requirements.
- I do hereby confirm, to the best of my knowledge, that I am not dealing with any sanctioned persons or entities, or persons or entities engaged in any unlawful or criminal activity, and I have taken all reasonable steps to ensure that this is the case.
- I hereby confirm that the original versions of the copies of the supporting documents attached hereto have been duly verified and that the said attachments are true copies of the originals.

24. Signature of Applicant. Please type your full names or upload your digital signature

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25. Date Completed: