









|                                                                |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |
|----------------------------------------------------------------|--|--|--|--|--|--|--|--|--|--|--|------------------------|--|--|--|
| Metropolitan, Municipal District Assembly Area (MMDA)          |  |  |  |  |  |  |  |  |  |  |  | Region                 |  |  |  |
| Phone Number1                                                  |  |  |  |  |  |  |  |  |  |  |  | Mobile Number          |  |  |  |
| Phone Number2                                                  |  |  |  |  |  |  |  |  |  |  |  | Other Number           |  |  |  |
| Email Address                                                  |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |
| Class of Signatory (please indicate class in the box provided) |  |  |  |  |  |  |  |  |  |  |  |                        |  |  |  |
| Signature _____                                                |  |  |  |  |  |  |  |  |  |  |  | Date                   |  |  |  |
|                                                                |  |  |  |  |  |  |  |  |  |  |  | <b>D D M M Y Y Y Y</b> |  |  |  |

**7. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS (1)**

|                                                                                                                                                                                                                                                                                                                                         |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|------------------------|--|--|--|--------------------------------------------------------------|--|----------------------|--|------------------------|--|--|--|
| Surname                                                                                                                                                                                                                                                                                                                                 |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| First Name                                                                                                                                                                                                                                                                                                                              |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| Middles Name(s)                                                                                                                                                                                                                                                                                                                         |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| Date of Birth                                                                                                                                                                                                                                                                                                                           |  |  |  | <b>D D M M Y Y Y Y</b> |  |  |  | Gender M <input type="checkbox"/> F <input type="checkbox"/> |  | Mother's Maiden Name |  |                        |  |  |  |
| Nationality                                                                                                                                                                                                                                                                                                                             |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| <b>RESIDENT PERMIT NO.</b>                                                                                                                                                                                                                                                                                                              |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| Type of Identification                                                                                                                                                                                                                                                                                                                  |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| ID number                                                                                                                                                                                                                                                                                                                               |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| ID Issue Date                                                                                                                                                                                                                                                                                                                           |  |  |  | <b>D D M M Y Y Y Y</b> |  |  |  | ID Expiring Date                                             |  |                      |  | <b>D D M M Y Y Y Y</b> |  |  |  |
| Occupation                                                                                                                                                                                                                                                                                                                              |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| Job Title                                                                                                                                                                                                                                                                                                                               |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| Position                                                                                                                                                                                                                                                                                                                                |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| <b>Status as a Director</b> (Pls tick as appropriate)<br>Chairman <input type="checkbox"/> Managing Director/Chief Executive Officer <input type="checkbox"/> Executive Director <input type="checkbox"/> Non-Executive Director <input type="checkbox"/><br>Chief Financial Officer <input type="checkbox"/> Other (Pls Specify) _____ |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| Position/Office of the Officer _____                                                                                                                                                                                                                                                                                                    |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |
| Residential Address                                                                                                                                                                                                                                                                                                                     |  |  |  |                        |  |  |  |                                                              |  |                      |  |                        |  |  |  |

Nearest Landmark

[Grid for Nearest Landmark]

City/Town

[Grid for City/Town]

Metropolitan, Municipal District Assembly Area (MMDA)

Region

[Grid for MMDA]

[Grid for Region]

Phone Number1

[Grid for Phone Number1]

Mobile Number

[Grid for Mobile Number]

Phone Number2

[Grid for Phone Number2]

Other Number

[Grid for Other Number]

Email Address

[Grid for Email Address]

**8. DETAILS OF THE DIRECTORS/EXECUTIVES/TRUSTEE/PROMOTER/EXECUTORS/ADMINISTRATORS ETC (2)**

Surname

[Grid for Surname]

First Name

[Grid for First Name]

Middle Name(s)

[Grid for Middle Name(s)]

Date of Birth

[Date of Birth grid: D D M M Y Y Y Y]

Gender M  F

Mother's Maiden Name

[Grid for Mother's Maiden Name]

Nationality

[Grid for Nationality]

**RESIDENT PERMIT NO.**

[Grid for Resident Permit No.]

ID number

[Grid for ID number]

ID Number

[Grid for ID Number]

ID Issue Date

[ID Issue Date grid: D D M M Y Y Y Y]

ID Expiry Date

[ID Expiry Date grid: D D M M Y Y Y Y]

Occupation

[Grid for Occupation]

Job Title

[Grid for Job Title]

Position

[Grid for Position]

**Status as a Director** (Pls tick as appropriate)

Chairman  Managing Director/Chief Executive Officer  Executive Director  Non-Executive Director

Chief Financial Officer  Other (Pls Specify) [Grid]

Position/Office of the Officer [Grid]

Residential Address

[Grid for Residential Address]

Nearest Landmark

[Grid for Nearest Landmark]

City/Town

[Grid for City/Town]

Metropolitan, Municipal District Assembly Area (MMDA)

Region

[Grid for MMDA]

[Grid for Region]

Phone Number1

[Grid for Phone Number1]

Mobile Number

[Grid for Mobile Number]







1

2

3

**II. PRINCIPAL SHAREHOLDERS (Shareholding of 10% and above)**

**a). Full Name of Shareholder**

Address

Status  Percentage Holding

Mobile Number  Nationality

Email Address

Registration Certificate (If a shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

**b). Full Name of Shareholder**

Address

Status  Percentage Holding

Mobile Number  Nationality

Email Address

Registration Certificate (If a shareholder)

Country of Incorporation (if a corporate shareholder)

Name(s) of Beneficial owner(s) (if any)

**c). Full Name of Shareholder**

Address

Status  Percentage Holding

Mobile Number  Nationality

Email Address



Email Address

Grid for Email Address

Registration Certificate (If a shareholder)

Grid for Registration Certificate

Country of Incorporation (if a corporate shareholder)

Grid for Country of Incorporation

Names of Beneficial owner(s) (if any)

Grid for Names of Beneficial owner(s)

12. DETAILS OF ACCOUNT HELD WITH OTHER BANKS BY THE PROSPECTIVE CUSTOMER

Table with 5 columns: NO., NAME AND ADDRESS OF BANK/BRANCH, ACCOUNT NAME, ACCOUNT NUMBER, STATUS: ACTIVE/DORMANT

13. ACCOUNTS SERVICE(S) REQUIRED (Please tick any applicable option below)

Form for account preferences including Card Preferences, Electronic Banking Preferences, Transaction Alert Preferences, Statement Preference, and Statement Frequency.

14. LETTER OF SET-OFF

(Title) \_\_\_\_\_

.....Bank

LETTER OF SET-OFF

I/We agree that you (in addition to any general lien or similar right to which you as my / our banker may have at any time and without notice to me / us) combine or consolidate all or any of the company's accounts with liabilities to you and set off or transfer any sum standing to the credit of any such accounts, be it cash, cheques, valuable, deposits, securities, negotiable instruments or other assets belonging to me / us with you in or towards satisfaction of any of my / our liabilities to you or any other account or in any respect, whether such liabilities be actual or contingent, primary or collateral, several or joint.

Authorized Signature of the Customer/Representative & Date

Authorized Signature of the Customer/Representative & Date









