

Date of Birth

D	D	M	M	Y	Y	Y	Y

Gender M F

Mother's Maiden Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENT PERMIT NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID Issue Date

D	D	M	M	Y	Y	Y	Y

ID Expiry Date

D	D	M	M	Y	Y	Y	Y

Occupation

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Job Title

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Position

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nearest Landmark

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

City/Town

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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

D	D	M	M	Y	Y	Y	Y

5. ACCOUNT SIGNATORY'S DETAILS (2)

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

First Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Middle Name(s)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of Birth

D	D	M	M	Y	Y	Y	Y

Gender M F

Mother's Maiden Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDENT PERMIT NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Identification

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ID Issue Date

D	D	M	M	Y	Y	Y	Y

ID Expiry Date

D	D	M	M	Y	Y	Y	Y

Occupation

Grid for Occupation

Job Title

Grid for Job Title

Position

Grid for Position

Residential Address

Grid for Residential Address

Nearest Landmark

Grid for Nearest Landmark

City/Town

Grid for City/Town

Metropolitan, Municipal District Assembly Area (MMDA)

Grid for MMDA

Region

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

Class of Signatory (please indicate class in the box provided)

Grid for Class of Signatory

Signature box

Signature _____ Date

6. ACCOUNT SIGNATORY'S DETAILS (3)

Surname

Grid for Surname

First Name

Grid for First Name

Middle Name(s)

Grid for Middle Name(s)

Date of Birth

Grid for Date of Birth

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.

Type of Identification

Grid for Type of Identification

ID number

Grid for ID number

ID Issue Date

Grid for ID Issue Date

ID Expiry Date

Grid for ID Expiry Date

Occupation

Grid for Occupation

Job Title

Grid for Job Title

Position

Grid for Position

Residential Address

Grid for Residential Address

Nearest Landmark

Grid for Nearest Landmark

City/Town

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)																	
	<table border="1" style="margin: auto;"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td><td style="height: 20px;"></td> </tr> </table>	D	D	M	M	Y	Y	Y	Y								
D	D	M	M	Y	Y	Y	Y										

Signature _____ Date _____

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

NO.	NAME AND ADDRESS OF BANK/BRANCH	ACCOUNT NAME	ACCOUNT NUMBER	STATUS: ACTIVE/DORMANT
1.				
2.				
3.				

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

Transaction Alert Preferences Email Alert SMS Alert
Statement Preference Statements to be collected at the Branch/Agency **Statement Frequency:** Semi-Annually Annually

9. 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 _____

10. LETTER OF INDEMNITY

I/We undertake to indemnify the Bank for any loss suffered as a result of any false information or error in the information provided to the Bank.

14. KYC RISK PROFILE

Please tick appropriate risk profile

Low

Medium

High

Please refer the AML/CFT Handbook

Indicate which Director, Executive, Trustee, Promoter, Executor or Administrator is a Politically Exposed Person (PEP)

Name

Position

11. ACCOUNT OPENING MANDATE

(Please tick as appropriate)

a)

Account Type

Current Account

Savings Account

Other Types of Account

b) Account Name

c) Account Number (For Bank Use Only)

d) Mandate authorization / Combination Rule (Please tick as appropriate)

Sole Signatory

Two or more

If two or more are to sign, please specify

Name:

Surname

Other Name

Class of Signatory

Identification Type

Identification No.

Telephone Number

Signature and Date

PHOTO(S)

PHOTO(S)

