



CUSTOMER INFORMATION FORM - CORPORATE

For Official Use Only:

CIF Number:		RM Code:	
Employee ID:		CIF Entered on DMS by:	
CIF Verified on DMS by:			

Customer Segmentation:

Business Banking Institutional Banking Corporate Banking

Other (Specify) _____

Please complete in BLOCK LETTERS and tick appropriate box.

Branch:		Date:	
COMPANY/ORGANISATION DETAILS:			
Company/Organisation/Trading Name:			
Nature of Business/Activities:			

Primary Contact:

Mobile Number:		Email ID:	
Alternate Number:		Alternate Email ID:	
PIN Number:		P.O.Box:	
Date of Incorporation		Post Code:	
Registration No.:		Town:	
Physical Address (Plot/Building/Road/Street/Town):			
Principal Place of Operation:			
Country of Incorporation/Registration:			

Business / Organization Type:

Sole Proprietorship Partnership Limited Company Society/Club/Trust/NGO

Other (Specify) _____

Personal details of Directors/Partners/Owners/Trustees							
Name	Position	Nationality	% Share-holding	DOB	ID/PP No	Date of Expiry	Beneficial Ownership

Group Details:

i) Holding/Associated/Subsidiary/Sister/Related Company

Name of Holding/Associated/Subsidiary/Sister/Related Company	Relationship



ii) Common or related Directors/Partners:

Names of Common or related Directors/Partners	Designation

Key Contact Persons

Name	Position	Contact

Introduction:

I _____ Introduce and recommend the above applicant to Prime Bank Limited for opening and operating account(s) with you.

I have known _____ for _____ years and the physical location and address indicated in this application is correct

Branch:

Account Number:

Signature:

Declaration of Source of Funds:

I/We have opened the above account at your branch on _____ I/We understand that I/We have to declare the source of funds which may be credited to/deposited in the above account from time to time.

The funds may be received in the form of cash , cheque, Electronic Funds Transfer (EFT), Real Time Gross Settlement (RTGS) or Inward TT/ Draft from abroad.

I/We hereby undertake and certify that the incoming and outgoing funds transacted through this account will be out of: *(Please tick)*

Income from:

Business Salary Dividend Interest

Others (specify): _____
In the instance the case is different than what is stated above, I undertake to declare the same to the bank.

Director's Name

Director's Name

Signature:

Signature:

Director's Name

Director's Name

Signature:

Signature:
