



**INDIVIDUALS, JOINT ACCOUNT HOLDERS AND MINORS
CLIENT REGISTRATION APPLICATION FORM**

Digital Photo Code Number: _____

Please affix
your recent
passport size
photograph
here.

A. IDENTITY DETAILS				
1.	Name of the Client:			
2.	Name of Beneficiary or Minor (ITF)**:			
3.	Date of Birth: (DD/MM/YYYY)			
4.	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status :	<input type="checkbox"/> Single <input type="checkbox"/> Married
5.	Nationality:		Status:	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National
6.	I.D. Number:			<input type="checkbox"/> National I.D. Card <input type="checkbox"/> Voter's Card <input type="checkbox"/> Passport <input type="checkbox"/> Birth Certificate (for minors) <input type="checkbox"/> Driving License
7.	TIN Number:		CDS Number (if available):	
B. JOINT ACCOUNT HOLDERS:				
The first account holder should fill the boxes above and sign declaration. Other persons, holding the account with the first holder should insert their names below.				
8.	Full Name	Date of Birth	I.D. Number	Signature
C. ADDRESS AND CONTACT DETAILS				
9. Residential Address:				
Bldg. Name:		Telephone Number:		
City/Town:		Mobile Number:		
Street/Road:		District/County:		
P.O. Box:		Email Address:		
Country:		Fax Number:		



D. OTHER DETAILS

10. Occupation:

Specify _____

11. Please tick, (if applicable) if you or any of the joint holders are:

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP)

E. BANK DETAILS:

Account Name:

Account Number:

Bank Name:

Branch Name:

F. NEXT OF KIN:

Full Name:

Relationship:

Address:

Town/City

Mobile Number:

Email Address:

DECLARATION

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/We may be held liable for it.

Signature

Date

FOR OFFICE USE ONLY

☐ (Originals) Certified True Copies received

☐ (Self-Attested) Self Attested copies received

Received by – Name: _____

Verified by – Name: _____

Date: _____

Date: _____

Signature: _____

Signature: _____

(.....)

Stamp of TIB Rasilimali Ltd

KYC DOCUMENT CHECKLIST

(Individuals, Joint Account Holders and Minors)

NOTE:

- ☐ Copy of Passport/Valid Identification Card (clear and legible)
- ☐ Birth Certificate (for Minors)
- ☐ Passport Size Photograph
- ☐ Copy of TIN Number (if available)

TIB Rasilimali Limited Reserves the Right to Request any Additional Identification Information as may be required by Laws, Rules, Regulations, Circulars, Directives or Guidelines as issued from time to time by competent Authorities.

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