



Customer Information Form

PERSONAL DETAILS											
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other, please specify										
Full Name											
ID card number											
Nationality											
Date of Birth	<table border="1"><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></table>	D	D	M	M	Y	Y	Y	Y	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
D	D	M	M	Y	Y	Y	Y				
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married		No. of Children								
Educational Background	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> High School / Diploma <input type="checkbox"/> Masters <input type="checkbox"/> Professional <input type="checkbox"/> Other, please specify										

CONTACT DETAILS			
Mobile Number 1		Mobile Number 2	
Email			
Permanent Address	House Building Name:		
	Flat No./Floor:	Street Name:	
	Island Atoll/City:	Post Code:	
	Country:		
Present Address (If different from above)	House Building Name:		
	Flat No./Floor:	Street Name:	
	Island Atoll/City:	Post Code:	
	Country:		
Preferred Mailing Address	<input type="checkbox"/> Present <input type="checkbox"/> Permanent		

EMPLOYMENT DETAILS											
Employment Status	<input type="checkbox"/> Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student										
Employment Sector	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Government <input type="checkbox"/> Other										
Occupation											
Employer Name											
Employer Address	House Building Name:										
	Flat No./Floor:	Street Name:									
	Island Atoll/City:	Post Code:									
	Country:										
Joined Date	<table border="1"><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></table>			D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y				
Previous Employer (if you have been in your current job for less than six months)		Length of service	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Years <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> Months								

EMPLOYMENT DETAILS			
Source of Income	<input type="checkbox"/> Salary <input type="checkbox"/> Business <input type="checkbox"/> Saving <input type="checkbox"/> Pension <input type="checkbox"/> Rent <input type="checkbox"/> Pension <input type="checkbox"/> Donations <input type="checkbox"/> Sale of Property/Vessel <input type="checkbox"/> Other, please specify		
Monthly Salary MVR (Including allowances)	<input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 to 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 45,000 <input type="checkbox"/> 45,000 to 60,000 <input type="checkbox"/> Over 60,000	Monthly Living Expenses	<input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 to 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 45,000 <input type="checkbox"/> 45,000 to 60,000 <input type="checkbox"/> Over 60,000
Other income MVR	<input type="checkbox"/> Less than 5,000 <input type="checkbox"/> 5,000 to 15,000 <input type="checkbox"/> 15,000 to 30,000 <input type="checkbox"/> 30,000 to 45,000 <input type="checkbox"/> 45,000 to 60,000	<input type="checkbox"/> 60,000 to 80,000 <input type="checkbox"/> 80,000 to 100,000 <input type="checkbox"/> 100,000 to 200,000 <input type="checkbox"/> Over 200,000	

TERMS & CONDITIONS

I hereby agree:

- That the information and documents presented for identification purposes may be verified by the HDFC employee having an appropriate authority.
- That the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform HDFC of any changes therein, immediately.
- That information provided can be used only by HDFC for customer relationship purposes.
- That in case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be liable for it.

DECLARATION

I confirm that the above details / documents submitted by me are correct as per best of my knowledge

FATCA Declaration

☐ I declare that I do not possess USA nationality/ Lawful Permanent Residency /passport as on date. I further undertake to inform the institution my obtaining USA Citizenship/Green card/Passport in future within material time and authorize HDFC PLC to disclose required information to Inland Revenue Services in USA.

☐ I declare that I possess USA nationality/Lawful Permanent Residency/Passport and authorize HDFC PLC to disclose required information to Inland Revenue Services of USA under FATCA.

Signature_____

D	D	M	M	Y	Y	Y	Y
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Date

FOR HDFC USE ONLY		
Form Checked by	Entered / Modified By	Verified By