

## **KNOW YOUR CUSTOMERS RECORDS**

Complete all the applicable fields in  $\ensuremath{\mathbf{BLOCK}}$   $\ensuremath{\mathbf{CAPITALS}}$ 

Customer Number:	
urname:	
Name:	
Maiden name:	
Gender: Male Female	
Date of Birth: (DD/MM/YYYY)	
Place of Birth:	
Country:	City/Town:
Marital Status: Single Married - Con	nmunity Married - Separation
Divorced Widowed	Unmarried couple
Number of dependents:	
Nationality:	
Other Nationality:	
National Identity Number:	
Issue Date: (DD/MM/YYYY)	Expiry date: (DD/MM/YYYY)
Document required:  Valid Seychelles Identity Card  Valid Se	eychelles Passport Birth Certificate
Valid Passport Number:(Mandatory for Non-Seychellois)	
Issue Date: (DD/MM/YYYY)	Expiry date: (DD/MM/YYY

Residential Ad	dre	ss:																																					
Street/ Sub District:					$\Box$		$\prod$			$\prod$	$\prod$																			$\Box$				$\prod$	$\Box$	$\Box$			
Sub District.					$\perp$	$\perp$	$\prod$			$\perp$	$\perp$																			$\prod$				$\perp$	$\prod$	$\Box$			
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Contact Deta	ils:																																						
Home phone	nur	nbei	: [			$\mathbb{L}$	Ι				$\prod$																												
Office phone	nu	mbe	r:		$\prod$	$\top$	$\prod$		$\prod$	$\prod$	$\prod$																												
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Occupation:				] :	Self	f-em	ıpl	loy	ed						Pr	ivat	te							Pub	lic							Pa	rast	tata	al				
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Other Details:				
Occupation Status:	Employee	Casual	Contract	Part-time
Other Details:				
Employment Sector:	Financial Services	☐ Bank	Government	Fisheries
	Agriculture	Manufacturing	Textile	NGO
	Timber/ Wood Product	Media	Oil/ Fuel	Food Production
	Metal Products	Construction	Motor Vehicles	Hotels and Restaurants
	Transportation	Communication	Real Estate	Health Care/ Social Service
	Arts/ Entertainment	Wholesale/ Retail	Utilities	Professional Services
Other Details:				
Job title:				
Employer's name:				
Employer's Address:				

## SIGNATORY/DIRECTOR/SHAREHOLDER STATUS THROUGH NON-INDIVIDUAL ENTITY INVOLVEMENTS

NAME OF NON-INDIVIDUAL ENTITY	Director		Owner														
(Business/Association/ NGO)	Yes	No	Yes	No													
DECLARATIONS																	
I. Politically Exposed Persons (PEP)	Declara	ıtion															
Definition: The law defines a Politically Expo			•										•			pu	bli
Note a "family member" includes a spouse cassociate" is any person having a partnership	-			-		part	ner	s, p	are	ents	an	d si	blin	gs. A	A "c	los	e:e
1.1. Having understood the above definition																	
confirm that: I am not a Politically E	xposed	Person															
I am not closely associated with a F	Politically	Exposed	Person														
I am not an immediate family meml	oer of a F	Politically	Exposed	Person													
1.2. Having understood the above definition			osed Per	son, I hei	eby												
confirm that: I am a Politically Expo																	
I am closely associated with a Politi Name of Politically Exposed Persor				ssociated	l:												
																1	
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Name of Politically Exposed Person who is my immediate family member:

2.	Purpose of relati	ionship/acco	ount					
	Loans Financing							
	Additional Loans	s						
3.	Source of funds of	declaration						
	I declare my source o	of funds as follo	ows:					
	-				Annual inc	come		
	Туре	Currer		sCR 180,000	SCR 180,001 to S	SCR 480,000	More than SCI	R 480,000
	Salary							
	Dividends							
	Rent							
	Pension							
	Alimony							
	Allowance							
	Other:							
	Source of wealth do I declare my source o		ows:					
	Туре	Currency		Curre	ent value in SCR e	quivalent		
	,,	,	Less than SCR	1 M Betv	veen SCR 1 M & SCR	1 M 2 S	More than SCR 5 N	1
Bank	balances							
Real	estate							
	ncial assets Stocks/shares)							
Othe	er:							
•••••								

## 5. AUTHORISATIONS AND UNDERTAKINGS

I hereby authorize Development Bank of Seychelles (DBS) to provide, directly or indirectly, to relevant authorities any information DBS may have in its possession on me (or if I am signing this form on behalf of the Borrower and/or the Beneficial Owner; on the Borrower and/or the Beneficial Owner), as may be required pursuant to intergovernmental agreements to exchange financial account(s) information.

I hereby provide my consent to DBS to execute the lawful processing of my personal data for the purpose of this application and for subsequent transactions.

I also understand that no disclosure is to be made by DBS to third parties except as provided in certain specific circumstances whereby the Bank may still process and is required to disclose the personal data in view of its statutory obligations, under mandated Credit Reporting or under any other law or by a court order.

I declare that all the information provided on this form is correct and complete to the best of my knowledge and I undertake to indemnify the Bank and its designated Officer in the event I would have made any misstatement in this documentation.

I undertake to inform DBS within 30 days should any certification on this statement become incorrect or incomplete.

Signature:	
Name:	
Date:	