



KNOW YOUR CUSTOMERS RECORDS

Complete all the applicable fields in **BLOCK CAPITALS**

Customer Number:

Surname:

Name:

Maiden name:

Gender: Male Female

Date of Birth:
(DD/MM/YYYY)

Place of Birth:

Country:

City/Town:

Marital Status: Single Married - Community 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 Seychelles Passport Birth Certificate

Valid Passport Number:(Mandatory for Non-Seychellois)

Issue Date:
(DD/MM/YYYY)

Expiry date:
(DD/MM/YYY)

Residential Address:

Street/
Sub District:

District:

Country:

Type of Residence: Employer provided Living with relatives Mortgaged Owned
 Rented Other (Specify): _____

Document required:

- Utility Bill (Accounts statement/invoice must include PUC logo) in own name or accompanied by letter from homeowner including valid national identity card or passport of homeowner
- OR Valid tenancy Agreement
- OR Letter from employer confirming address where residence is provided by employer
- Landline Telecom (C&W, Airtel, Intelevison)
- Entertainment Bill (c&w, intelevision, DSTV)

Mailing Address: (if Different from above)

Street/
Sub District:

District:

Country:

Contact Details:

Home phone number:

Office phone number:

Mobile phone number:

Email address:

(Maximum 33characters)

Occupation: Self-employed Private Public Parastatal
 Government Student Unemployed Retired
 Home-maker Pensioner Disability Pension Others

2. Purpose of relationship/account

Loans Financing

Additional Loans

3. Source of funds declaration

I declare my source of funds as follows:

Type	Currency	Annual income		
		Less than SCR 180,000	SCR 180,001 to SCR 480,000	More than SCR 480,000
Salary		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dividends		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alimony		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allowance		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Source of wealth declaration

I declare my source of wealth as follows:

Type	Currency	Current value in SCR equivalent		
		Less than SCR 1 M	Between SCR 1 M & SCR 5 M	More than SCR 5 M
Bank balances		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real estate		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial assets (e.g. Stocks/shares)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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: