

Date

Clear Form

Print

Branch Code	CIF	Acquisition Channel
Status :	Individual      Sole Trader	Customer onboarding place
	Under trusteeship with trustee's CIF	Resident Status      Resident      Non Resident
Trustee name		
Trustee role		

**PART 1 - PERSONAL DETAILS**

**1. Identification**

Title:	Gender	First name	Middle name	Last name	Maiden name
Date of birth		City/Town of birth:	Birth country:	Nationality 1	Nationality 2
Document presented			Document number:	Issue Date	Expiry date
Place of issuance			Issuing authority who issued/authenticated it		
Marital Status:		Name of partner			
Partner employment status				Number of dependent children:	

**2. Address**

<b>Permanent address:</b>	<b>Correspondence address:</b>
Address 1	Address 1
Address 2	Address 2
Address 3	Address 3
City / Town	City / Town
Province	
Country	Country
Document provided	Accommodation <input type="text"/>
If Hosted, provide name of host and the hosting address should be indicated in the Permanent address.	
Name of host	
Relationship with host:	Partner/Spouse      Friend      Other family member

**3. Employment**

Employment status	Immigration permit type (if applicable)	Immigration permit number	Permit expiry date (if applicable)
Starting date	Occupation	Level of Occupation	
Occupation sector		Employee work email	
Document provided		Issue Date	
<b>Employer Details</b>			
Name	Address 1	City / Town	
Phone	Address 2	Country	
Sector	Address 3		

#### Additional Information

Are you or have you been during the last twelve months entrusted with prominent public functions?

State the organisation/State which entrusted you:

Function:

Do you have a family member(s) or a close associate entrusted with a prominent public function during the last twelve months?

State the organisation/State which entrusted him/her:

Function:

State the nature of Relationship:

#### 4. Other personal details

Mobile phone

#### Email Authority & Indemnity

Home phone  
(Optional)

Would you like BRED Bank (Fiji) Pte Ltd to act on signed instructions received by email from your authorised signatories

No Yes Yes with specificities

*If 'YES' is ticked, Please complete Indemnity Form*

#### Next of kin

Name

Personal Email

Relationship

I consent I do not consent

Phone

To receive relevant marketing information, proposals or surveys from BRED Bank about our products and services

## PART 2 - FINANCIAL SITUATION

### 1. Financial situation

#### Regular Incomes

	Nature	Amount (gross - per year)	Currency	Mode	Payment Frequency	Comments
Source of revenue 1						
Source of revenue 2						
Source of revenue 3						
	TOTAL (FJD)					

#### Regular Expenses (Optional)

	Nature	Amount (per year)	Currency	Mode	Payment Frequency	Comments
Source of expense 1						
Source of expense 2						
Source of expense 3						
	TOTAL (FJD)					

### 2. Tax Residence

I am a resident for tax purposes in the following countries

Country 1 Tax Identification number

Country 2 Tax Identification number

Country 3 Tax Identification number

### PART 3 - US TAX CERTIFICATION

- |                                  |   |  |
|----------------------------------|---|--|
| 1. US Tax Number                 | 4. Power of Attorney to a US account Standing | 7. US Phone Number                       |
| 2. US Citizenship                | 5. Instruction to a US Account                | 8. US Zip Code                           |
| 3. US Address for correspondence | 6. US Place of birth                          | 9. None of the above applicable to me/us |

Note: If any box has been ticked, the customer(s) will be required to complete, and promptly provide the Bank for its records, the U.S IRS Form W8 or W9, hereby formally confirming status of U.S Persons. Where a U.S Person, U.S Social Securitytax number is to be provided.

### PART 4 CUSTOMER SIGNATURE

- I/We declare the personal details given in this application form are true and correct at the date of signing this form. I/We further agree to promptly update the Bank on any changes in my/our personal profile.
- I/We understand and acknowledge that my/our relationship with the Bank will be subject to the requirements of the local Laws, in particular the Financial Transaction Reporting Act. As such, I/We authorize the Bank to confidentially disclose my/our personal details to a third party as deemed appropriate for the specific and strict purpose of fulfilling the Bank's regulatory compliance requirements.
- I/We allow the bank to send me/us communications by e-mail, phone, SMS or by other communication means regarding products or services I/We have signed for.
- Similarly, I/We understand and acknowledge that my/our relationship with the Bank will be subject to the requirements of the French and European Laws. As such, I/We authorize the Bank to confidentially disclose my/our personal details to a third party as deemed appropriate for the specific and strict purpose of fulfilling the Bank's regulatory compliance requirements.

Applicant's name

Signature

Date

### PART 5 - BANK USE ONLY

Stage	Officer name	Signature	Date
Preparing			
Checking and authorising			
Relationship Manager		Relationship Manager Code	