

**SDFC**

SME DEVELOPMENT FINANCE CORPORATION PRIVATE LIMITED

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Info@sdfc.mv. www.sdfc.mv

Customer Information Form (Business)

For SDFC Use Only

Customer No: Existing Customer New Customer

If customer wishes to update existing information, please fill Business / Institution name, registration number and relevant information to be updated.

1. Business Details

Name of Business / Institute	<input type="text"/>			
Registration Number	<input type="text"/>			
Trading Name <small>(If different from Business name)</small>	<input type="text"/>			
Registration Number <small>(If different from Business Registration Number)</small>	<input type="text"/>			
Name of Parent Company / Name of Owner <small>(for sole proprietorship)</small>	<input type="text"/>			
Registration No / ID Card No. <small>(Parent Company / Owner ID card no for sole proprietorship)</small>	<input type="text"/>			
Type of Business	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Private Limited	<input type="checkbox"/> Partnership	
	<input type="checkbox"/> Corporate Society	<input type="checkbox"/> Public Limited	<input type="checkbox"/> Association / NGO	
	<input type="checkbox"/> Government Institution	<input type="checkbox"/> Others	<input type="text"/>	
	<small>(Please Specify)</small>			
Nature of Business	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Export	<input type="checkbox"/> Fisheries	
	<input type="checkbox"/> Import	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Travel / Tourism	
	<input type="checkbox"/> Retail/Wholesale Trading	<input type="checkbox"/> Education	<input type="checkbox"/> Transport	
	<input type="checkbox"/> Construction	<input type="checkbox"/> Catering / Restaurant	<input type="checkbox"/> Health Services	
	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Other	<input type="text"/>	
	<small>(Please Specify)</small>			
Primary Business Activity	<input type="text"/>			
Number of Executives <small>(Partners / Directors)</small>	<input type="text"/>	Number of Employees	<input type="text"/>	
Ownership detail of Business <small>(Shall specify details of Sole proprietorship and Partnership)</small>				
Name of Person /Entity	Address	ID Card / Registration No.	Ownership Percentage	Value of Ownership
1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Contact Details

Contact Name	_____	ID Card No.	_____
Contact No.	_____	Designation	_____
Email	_____		
	Email provided will be used as primary medium of communication, any changes to primary email should be notified at the earliest.		
Registered Address	Atoll _____ Island _____	Postal Code _____	
	House Name _____	Floor & Apartment Number _____	
	Road _____	Country _____	
Correspondence Address <small>(If different from Registered Address)</small>	Atoll _____ Island _____	Postal Code _____	
	House Name _____	Floor & Apartment Number _____	
	Road _____	Country _____	

3. Financial Details

Capital Invested (MVR)	_____			
Annual Revenue (MVR)	_____			
Source of Income	<input type="checkbox"/> Profit Income	<input type="checkbox"/> Sale of Property <small>(Vehicle / Vessel)</small>	<input type="checkbox"/> Salary	<input type="checkbox"/> Rent
	<input type="checkbox"/> Interest in Time Deposit	<input type="checkbox"/> Donations	_____	
	<input type="checkbox"/> Others <small>(Please Specify)</small>	_____		
Monthly Income (MVR) <small>(SDFC may request for supporting documents)</small>	<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"/> 100,000 to 200,000	<input type="checkbox"/> Over 200,000
Assets Owned <small>(List down Land/Apartment, Vessel, Vehicle, Shares in any Entity, deposit hold in Pension and provident Fund)</small>				
1	_____			
2	_____			
3	_____			
4	_____			
5	_____			
Is any of you Assets Mortgaged or Insured? <input type="checkbox"/> No <input type="checkbox"/> Yes <small>(Please Specify)</small>				
1	_____			
2	_____			
3	_____			
4	_____			
Banking Details <small>(Please tick all the banks where you operate an Account)</small>	<input type="checkbox"/> Bank of Maldives	<input type="checkbox"/> Maldives Islamic Bank	<input type="checkbox"/> Bank of Ceylon	
	<input type="checkbox"/> State Bank of India	<input type="checkbox"/> Mauritius Commercial Bank	<input type="checkbox"/> HSBC	
	<input type="checkbox"/> Commercial Bank of Maldives	<input type="checkbox"/> Others	_____	
Credit Facilities				
	Facilities Detail	Institution	Repayment Amount	
1	_____	_____	_____	
2	_____	_____	_____	
3	_____	_____	_____	
4	_____	_____	_____	
5	_____	_____	_____	

4. Terms & Conditions

I hereby agree:

- That the information and documents presented for identification purposes may be verified by the SDFC's employee with appropriate authority.
- That the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform the SDFC of any changes therein, immediately.
- That information provided can be used only by the SDFC 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.

(Note: Minimum required number of directors/partners shall be signed in accordance with the Articles of Association entity)

Name	Designation	Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Entity Seal /Signature _____	Date _____
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Customer Risk Rating	High <input type="checkbox"/>	Low <input type="checkbox"/>	
KYC Updating	Annually <input type="checkbox"/>	Semi-Annually <input type="checkbox"/>	

	Employee Name	Date	Signature
Received By:	_____	_____	_____
Authorized By:	_____	_____	_____