

**SDFC**

SME DEVELOPMENT FINANCE CORPORATION PRIVATE LIMITED

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# Customer Information Form (Individual)

For SDFC Use Only

Customer No: Existing Customer New Customer 

If customer wishes to update existing information, please fill Name, ID card number and relevant information to be updated.

## 1. Personal Details

Mr. <input type="checkbox"/>	Ms. <input type="checkbox"/>	Dr. <input type="checkbox"/>	Other _____ <small>(Please Specify)</small>
Full Name <small>(As in NID Card)</small>	_____		
ID Card Number <small>(For Locals)</small>	_____	ID Card Expiry	_____
Passport Number <small>(For Foreigners)</small>	_____	Passport Expiry	_____
Date of Birth	_____	Nationality	_____
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other
No of Dependents	_____	No. of Children	_____
Qualification	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Professional <input type="checkbox"/> Others _____ <small>(Please Specify)</small>		

## 2. Contact Details

Mobile No.	_____	Telephone No.	_____
Email	_____		
	<small>Email provided will be used as primary medium of communication, any changes to primary email should be notified at the earliest.</small>		
Permanent Address	Atoll _____ Island _____ Postal Code _____		
	House Name _____ Floor & Apartment Number _____		
	Road _____		
Current Address <small>(If different from permanent address)</small>	Atoll _____ Island _____ Postal Code _____		
	House Name _____ Floor & Apartment Number _____		
	Road _____		
Preferred Postal Address	Permanent Address <input type="checkbox"/>	Present Address	<input type="checkbox"/>

### 3. Employment Details

Employment Status	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
	<input type="checkbox"/> Retired			
Employment Sector	<input type="checkbox"/> Civil / State	<input type="checkbox"/> Political	<input type="checkbox"/> Judiciary	<input type="checkbox"/> Private
	<input type="checkbox"/> Public	<input type="checkbox"/> Military	<input type="checkbox"/> Volunteer	
	<input type="checkbox"/> Other	..... (Please Specify)		
Employer Name	.....			
Designation	.....	Joined Date	.....	
Employer Address	Atoll .....	Island .....	Make space .....	Road .....
	Building Name .....	Floor .....	small .....	Postal Code .....
Name of Previous Employer	.....			
Length of Service	.....			

### 4. Financial Details

Source of Income	<input type="checkbox"/> Salary	<input type="checkbox"/> Profit Income	<input type="checkbox"/> Pension	<input type="checkbox"/> Rent
	<input type="checkbox"/> Interest in Time Deposit	<input type="checkbox"/> Donations	<input type="checkbox"/> Sale of Property (Vehicle / Vessel)	
	<input type="checkbox"/> Others	..... (Please Specify)		
Monthly Income (MVR) <small>(Including Allowances)</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"/> Above 60,000		
Monthly Living Expenses (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"/> Above 60,000		
Other 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

#### Businesses Involved

Name of Business	Designation
1 .....	.....
2 .....	.....
3 .....	.....
4 .....	.....
5 .....	.....

#### Assets Owned

(List down Land/Apartment, Vessel, Vehicle, Shares in any Entity, deposit hold in Pension and provident Fund)

1 .....
2 .....
3 .....
4 .....
5 .....

Is any of your Assets Mortgaged or Insured?

No

Yes (Please Specify)

1 .....
2 .....
3 .....
4 .....
5 .....

<b>Banking Details</b> (Please tick all the banks where you operate an Account)	<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"/> CBM	<input type="checkbox"/> Other	..... (Please Specify)

Credit Facilities		
Facilities Detail	Institution	Repayment Amount
1 _____	.....	.....
2 _____	.....	.....
3 _____	.....	.....
4 _____	.....	.....
5 _____	.....	.....

## 5. 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.

New Signature _____ <small>(If updating Specimen Signature)</small>	Signature _____
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Date

D	D	M	M	Y	Y	Y	Y
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### For SDFC use Only

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:	.....	.....	.....