

Date	Branch Code	CIF
Acquisition Channel	Onboarding Place	Residential Status : Resident Non-Resident
Status: Individual Sole Trader Third party		Staff Status :
Under Trusteeship of CIF N°		
Trustee Name		Role

## PART 1 - PERSONAL INFORMATION

### 1. Identification

Gender	Title	First Name	Middle Name	Last Name	Maiden Name
Date of Birth	City/Town of Birth	Country of Birth			
Nationality	2nd Nationality	3rd Nationality			
Type of document presented 1		Type of document presented 2			
Issuing authority who issued the document		Issuing authority who issued the document			
Place of Issuance	Document Number	Place of Issuance	Document Number		
Issuance Date	Expiry Date	Issuance Date	Expiry Date		
Tax Identification Number 1		Tax Identification Country 1			
Tax Identification Number 2		Tax Identification Country 2			
Marital Status		Name of partner			
Partner employment status		Number of dependent children if applicable			

### 2. Address

<b>Permanent Address</b>	<b>Correspondence Address (Mail)</b>
Address line 1	Address line 1
Address line 2	Address line 2
Address line 3	Address line 3
Town	Town
Country	Country
Accommodation	Document Presented

If "Other" is selected for accomodation, please specify:

Name of host

Host relationship: Partner/Spouse Friend Other family member

### 3. Employment

Employment Status	Immigration permit type (if applicable)	Permit No (if applicable)	Expiry date (if applicable)
Employment start date	Occupation	Level of occupation	
Occupation Sector		Employee Work Email	
Document presented		Issuance date	

If employment start date is < 2 years, please indicate:

Name of previous employer	Previous Employer Start Date
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### Employer

Name	Town
Address 1	Country
Address 2	Phone Number
Address 3	Business Activity

### Additional Information:

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

If yes, state the Organisation/State which entrusted you:

Function

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

If yes, state the Organisation/State which entrusted him/her:

Function

If "Other" is selected above, please detail the function

Indicate the relationship

### 4. Contact

#### Correspondence

Personal email	Home phone	Mobile phone
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#### Email authority and Indemnity letter

Would you like BBS to consider and act upon requests signed by the account's proxies received by email? (subject to attaching the scan of the signed request)

No	Yes	Yes, with specificities (if positive answer, specific form to be completed)
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#### Next of kin to be contacted in case of emergency:

Full name	Phone
Relationship	

## PART 2 - FINANCIAL SITUATION

### Sources of Revenue

	Nature	Yearly amount	Currency	Mode	Country of Origin	Frequency
Source of Revenue 1						
Source of Revenue 2						
Source of Revenue 3						
	TOTAL in SBD					

### Sources of Expense

	Nature	Yearly amount	Currency	Mode	Country of Destination	Frequency
Source of Expense 1						
Source of Expense 2						
Source of Expense 3						
	TOTAL in SBD					

Comments

Multi-banking: Do you have accounts with other banks? If yes, please specify in which bank(s):

## PART 3 - USA PATRIOT ACT INFORMATION

I certify on my honour that:

I am a U.S Citizen

Yes

No

I have a U.S address

Yes

No

Hold a green card

Yes

No

I am a U.S Tax payer by having a substantial physical presentation in the U.S

Yes

No

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 US people; US Social Security Tax Number is to be provided.

I certify that I am aware that I must inform the bank of any change of my status within 30 days of change.

## PART 4 - CUSTOMER SIGNATURE

1. I declare that the personal information provided in this form is true and correct at the date of signing this form. I also undertake to inform the Bank promptly of any changes to my personal profile.
2. I understand and acknowledge that my relationship with the Bank will be subject to the requirements of Solomon Islands law, as well as to French and European regulations on certain points. In this regard, I authorise the Bank to disclose my personal data to a third party on a confidential basis for the sole specific purpose of meeting the Bank's regulatory requirements.
3. I authorise the Bank to send me communications by email, telephone, SMS or other means of communication concerning the products or services for which I have subscribed to.

Full Name of Customer

Signature

Date

## PART 5 - SOLE TRADER

### Activity 1

Business Sector	Business Description
Activity Sector	
Registration Address - 1	Certificate of Registration No.
Registration Address - 2	Certificate of Registration - Issue Date
Registration Address - 3	Business License No.
Registration Address - Town	Business License - Issue Date
Registration Address - Country	Business License - Expiry Date

### Activity 2

Business Sector	Business Description
Activity Sector	
Registration Address - 1	Certificate of Registration No.
Registration Address - 2	Certificate of registration - Issue Date
Registration Address - 3	Business License No.
Registration Address - Town	Business License - Issue Date
Registration Address - Country	Business License - Expiry Date

### Activity 3

Business Sector	Business Description
Activity Sector	
Registration Address - 1	Certificate of Registration No.
Registration Address - 2	Certificate of Registration - Issue Date
Registration Address - 3	Business License No.
Registration Address - Town	Business License - Issue Date
Registration Address - Country	Business License - Expiry Date

### **In SBD:**

Consolidated turnover	Consolidated turnover - Range
Document presented	

## PART 6 - BANK USE ONLY

Stage	Full Name	Signature	Date
Prepared			
Controlled and authorised			
Relationship Manager		Relationship Manager No.	