

## Customer Update Form - Entities

### General Account Information (Complete in block letters and tick where applicable)

Transaction Branch  Date

Account Number

Account Name

Tick all the applicable information to be updated

Directors/Shareholders   
  Signatory & Mandate   
  Business Detail  
 Expected Account Activity   
  Address and Contact Details   
  Others (*specify*)

### Business Details

Business Name:

Certificate of Inc. No.  Date of Inc.

Certificate of Registration No.:  Date of Issue

Regulator's Certificate/Licence No.:  Date of Issue

Jurisdiction of Inc./Registration:  TIN:

Parent Company's Country of Inc.:  Digital Address

Type/Nature of Business:

Sector/Industry:  Product/Service Traded

Operating Business Address:

Business Address/Registered Office:   
*If different from the above indicate*

Location of Office:  Landmark

Metropolitan, Municipal and District Assembly (MMDA):

Mobile No.:  Telephone No.:

Email Address:  Website (*if any*):

Number of Directors:  No. of Employees

Mode of Salary payment:  Cash     Cheque     Direct Credit

### Account Services Subscription

Have you subscribed to any of our E-Banking products?  Yes  No

### Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals

Tax Identification No.  Social Security No.

### Common Reporting Standard (CRS) Certification (sign off is mandatory for all Customers)

Entity Self Certification

Is the Entity a Tax Resident of another Country?  Yes  No

If **Yes**, complete an additional CRS Form. If **No**, kindly sign the declaration below.





**(1) Details of the Director / Executive / Trustee /Promoter /Executor / Administrator, etc**

Name

*Surname* *First Name* *Other Name(s)*

Date of Birth  Gender  Male  Female

Mother's Maiden name

Country of Residence  Nationality

ID Type  ID No.

ID. Expiry Date  ID. Issue Date

Resident/Work Permit No.  TIN

Job Title  %Shareholding  Occupation

Status as a Director *(Please tick as appropriate)*

Chairman  Managing Director/CEO  Executive Director  Non-Executive Director

Chief Finance Officer  Others *(specify)*

Date of Appointment as Director

Do you hold any directorship position in any other company?  Yes  No

Company Name (If yes)

**Residential/Permanent Address**

Residential Address  Street Name

City/Town  Digital Address/  
Pin Code

MMDA  Suburb/Landmark

Region  Mobile No.

Email  Telephone No.

**Foreign Account Tax Compliance Act (FATCA) Requirement For US Nationals**

Tax Identification No.  Social Security No.

**(2) Details of the Director / Executive / Trustee /Promoter /Executor / Administrator, etc**

Name

*Surname* *First Name* *Other Name(s)*

Date of Birth  Gender  Male  Female

Mother's Maiden name

Country of Residence  Nationality

ID Type  ID No.

ID. Expiry Date  ID. Issue Date

Resident/Work Permit No.  TIN

Job Title  %Shareholding  Occupation



## Declaration

I/We hereby apply for update of account(s) with GCB Bank PLC ..... branch. I/ We understand that the information given herein and the documents supplied are the basis for updating such account(s) and I/We therefore warrant that such information is correct.

Name: ..... Signature ..... Date .....

Name: ..... Signature ..... Date .....

Name: ..... Signature ..... Date .....

## Account Opening Mandate

Please specify new signing instructions:

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Date	Name	Class of Signatory (if Applicable)	Affix Photo	Specimen Signature

**FOR BANK USE ONLY**

**1. KYC/Risk Profile:**

Please tick appropriate Risk Profile  Low Risk  Medium Risk  High Risk

**2. PEP status :** Indicate which Signatory, Director, Executive, Trustee, Promoter, Executor or Administrator is a PEP

Name ..... Position .....

Source of Wealth .....

Name ..... Position .....

Source of Wealth .....

<b>MIS Details</b>		
<b>Classification</b>	<b>MIS Code</b>	<b>MIS Description</b>
Industry Sector		
Market Segment		

**3. Data Input By :**

Name ..... Signature..... Date .....

**4. Document Verification Carried Out By :**

Name ..... Signature..... Date .....

Comments .....

**5. Update Authorized/Approved By :**

Name ..... Signature..... Date .....

**6. For PEP and Other High Risk Customers, Refer to the Managing Director /Head of Business Unit for Approval**

Name ..... Designation .....

Signature ..... Date .....