



"Creating Wealth For You"

SECTION 1 PERSONAL CUSTOMER INFORMATION				
Name of Product				
.....				
NAME:				
SURNAME:				
MAIDEN SURNAME:				
RESIDENT STATUS:	SWAZI	YES	NO	NATIONALITY
POSTAL ADDRESS:				
PERMANENT ADDRESS:				
CURRENT PHYSICAL ADDRESS:				
EMAIL ADDRESS:				
CONTACTS:	HOME:		WORK:	CELL NO.:
NEXT OF KIN:				
TYPE OF RELATIONSHIP:			CELL NO.:	
MARITAL STATUS & SPOUSE NAME (if married)	S/M/D/W	NAME OF SPOUSE (if applicable):		
		CELL NO: _____		

SECTION 2 EMPLOYMENT DETAILS			
EMPLOYER'S NAME:		SECTOR:	
BASIC MONTHLY SALARY:	E	DESIGNATION	
OTHER SOURCES OF INCOME:			
LENGTH OF OPERATIONS:		MONTHLY INCOME:	E
SELF EMPLOYED		Monthly Turnover	E
OTHER	Minor/Student/Unemployed		

SECTION 4 FATCA/CRS CLASSIFICATION			
AMERICAN CITIZEN	(Yes/No)	STAYED IN US MORE THAN 3 MONTHS NTHS	



SECTION 5		HOW DID YOU HEAR ABOUT US?	
Please tick applicable			
Radio: ☐	Billboard/ Outdoor Advertisement: ☐	Newspaper: ☐	Referral (family/ friend): ☐
Social media: ☐		Other (please specify): _____	

SECTION 6		CUSTOMER SIGNATURE	
CUSTOMERS' SIGNATURE:			
DATE:			

For office use only:

IDENTITY VERIFICATION	I confirmed that the identity attached is the true copy of the original document.	SIGNING OFFICER NAME	
		SIGNATURE	
DELIVERY CHANNEL:	(Branch/External)	CIF	ACCOUNT #

Please tick in the box for the correspondence documents required:

INDIVIDUAL SWAZI		INDIVIDUAL NON-SWAZI		INFORMAL AND BUSINESS	
ID (Copied on both sides)		Passport		Constitution	
Proof of residence		Resident Permit		Minutes	
Proof of income		Proof of resident		Memorandum	
		Proof of income		Certificate of incorporation	
Minor Birth Certificate		ID copies both sides		Form J	
ID (Copied on both sides)				Connected roles KYC	

Officer's Signature: ----- Date: -----

Authorized by: ----- Date: -----