

Business Account - Information Update Form
 Private & Confidential

A. Step-by-step Guides:

- Step 1: Please fill in all the necessary details. ***Field in Red is mandatory**
- Step 2: Sign by using the signature specimen provided to the Bank.
- Step 3: Kindly attach a clear copy of **latest valid Identity Card (I/C) and/or Passport** for the following:
 - **Sole Proprietorship / Partnership:** Proprietor / Partners and mandate
 - **Limited Company:** Directors, Shareholders and authorized signatories and mandate
- Step 4: Kindly provide latest business registration documents:
 - **Sole Proprietorship / Partnership:** Business Enactment Form 16 & 17
 - **Limited Company:** Certificate of Incorporation and Form X and Return on Allotment of Shares (Annual Return)
- Step 5: Lastly, return this completed form accompanied with all the required documents to any of our Maybank Brunei Branches.

B. Please Let Us Know You Better
1. Head Office Address

Same as Business Registration

Postal Code : _____ Country: _____

2. Mailing Address

As per Head Office Address

Others : _____

Postal Code : _____ Country: _____

3. Authorized Contact Person

Name : _____

Handphone No : _____

Office Tel No : _____ Ext : _____

Office Email : _____

I/We would like to sign up for E-statement for Current Account & Loan Account. I/We have read and understood the T&C from the Bank's website address below:
<http://www.maybank.com/en/worldwide/all-countries/brunei.page>

4. Source of Income. *may tick more than 1 box.

<input type="checkbox"/> Allowance	<input type="checkbox"/> Pension
<input type="checkbox"/> Company Sales / Dividends	<input type="checkbox"/> Salary/Commission
<input type="checkbox"/> Inheritance/Gift	<input type="checkbox"/> Shares/Investment
<input type="checkbox"/> Interest Payment	<input type="checkbox"/> Rental
<input type="checkbox"/> Loans	<input type="checkbox"/> Personal Savings
<input type="checkbox"/> Others: _____	

5. Business Details

Core Business Activity: _____

Date of Operation: _____

Country of Business Operation: _____

Number of Employees: _____

6. Annual Revenue

<input type="checkbox"/> Less than B\$100,000	<input type="checkbox"/> B\$1million-B\$3million
<input type="checkbox"/> B\$100,000-B\$250,000	<input type="checkbox"/> B\$3million-B\$5million
<input type="checkbox"/> B\$250,001-B\$500,000	<input type="checkbox"/> Above B\$5million
<input type="checkbox"/> B\$500,001-B\$1million	

7. Estimated Net Worth

<input type="checkbox"/> Less than B\$100,000	<input type="checkbox"/> B\$1million-B\$3million
<input type="checkbox"/> B\$100,000-B\$250,000	<input type="checkbox"/> B\$3million-B\$5million
<input type="checkbox"/> B\$250,001-B\$500,000	<input type="checkbox"/> Above B\$5million
<input type="checkbox"/> B\$500,001-B\$1million	

8. Anticipated Transaction volume per month

No of Deposit transaction per month

less than 20 21-50 more than 50

Deposit Amount per month

less than B\$10,000 B\$100,001-B\$300,000

B\$10,001-B\$50,000 B\$300,001-B\$500,000

B\$50,001-B\$100,000 more than B\$500,000

No of Withdrawal transaction per month

less than 20 21-50 more than 50

Withdrawal Amount per month

less than B\$10,000 B\$100,001-B\$300,000

B\$10,001-B\$50,000 B\$300,001-B\$500,000

B\$50,001-B\$100,000 more than B\$500,000

Declaration: I/We confirm that all above information(s) given by me/ us is true, correct and complete. I/We hereby authorize the bank to update my / our details and make amendment if any, with immediate effect.

Name: _____

Job position: _____

Date: _____

Signature: _____

Name: _____

Job position: _____

Date: _____

Signature: _____

Name: _____

Job position: _____

Date: _____

Signature: _____

Name: _____

Job position: _____

Date: _____

Signature: _____

C. For Bank Use Only

CIF No/Acc No.: _____

Received By: _____

Processed By: _____