

PW CLIENT BACKGROUND FORM

Please ensure all columns in the opening account documents submitted to MBB London Branch are filled-in accordingly

Name of Client	
Passport No	
NRIC (MY, SG, ID, HK or whichever applicable)	
Address	
Referred by (Name of RM)	
Referral/Home Branch	
Client has been informed on the services availability and limitation at MBB London Branch	No Internet Banking facilities – <input type="checkbox"/> Yes <input type="checkbox"/> No No ATM facilities – <input type="checkbox"/> Yes <input type="checkbox"/> No (Please tick accordingly)
Background of Client (Among others to include client's occupation, net worth, source of wealth, source of funds, relationship history with the Referral/Home Branch, product subscription history with Maybank Group and any relevant information that is KYC related etc.)	General information on client background/status
	Occupation, name of employer, nature of business of employer
	Banking relationship history with Maybank Group
	Personal net worth, source of wealth and source of funds (Please provide 1 supporting documents e.g. payslip/income tax returns)
Client's existing risk rating by Referral/Home Branch	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High If High Risk, please state reason:
Overview of client's general attitude towards CDD/ECDD exercises conducted by the Referral/Home Branch	
Adverse news/remarks on client since relationship banking begun at the Referral/Home Branch (if any)	

PROJECTED ACTIVITIES FOR THE NEW PROPOSED ACCOUNT			
Purpose of account opening <i>(Please describe in detail)</i>	1. 2.		
Projected Incoming Funds			
Projected source of incoming funds <i>(Please describe in detail)</i>	1. 2. 3.		
Projected frequency <i>(Please tick accordingly)</i>	Estimated amount of inflow	Country of origin of funds	Name of counterparty
<input type="checkbox"/> Less than 10 transactions per year	1. 2. 3.	1. 2. 3.	1. 2. 3.
<input type="checkbox"/> 1- 5 transactions per month			
<input type="checkbox"/> More than 5 transactions per month			
Projected Outgoing Funds			
Projected destination/purpose of outgoing funds <i>(Please describe in detail)</i>	1. 2. 3.		
Projected frequency <i>(Please tick accordingly)</i>	Estimated amount of outflow	Country of destination of funds	Name of counterparty
<input type="checkbox"/> Less than 10 transactions per year	1. 2. 3.	1. 2. 3.	1. 2. 3.
<input type="checkbox"/> 1- 5 transactions per month			
<input type="checkbox"/> More than 5 transactions per month			
Sign Off			
Signature of Client Advisor/ RM/PWM			
Name of Client Advisor/ RM/PWM & Staff ID			
Date			