



Personal Customer Data Sheet

FOR OFFICIAL USE ONLY
RIM Account # Account #

SECTION A - To be completed by ALL individuals
(I) Personal Information

First Name Last Name Middle Name
Permanent Address
Mailing Address (if different from permanent)

The above address(es) must be supported by one of the following original documents: (please indicate which is presented)
Electricity Bill Water Bill Telephone Bill Cable bill Other
Note: The document submitted must be dated within the past three (3) months and addressed to you.

Contact Information: Home Work Cell E-mail address
Gender Male Female Marital Status Single Married Widower Common Law Divorced
Date of Birth (dd/mm/yyyy)
Citizenship (indicate dual if applicable) 1. Country of Birth
2. Country of Residence

(II) Identification Information : Please provide details of any two (2) of the following forms of identification:

Table with 4 columns: Form of Identification, Identification Number, Country of Issuance, Expiry Date. Rows include National Identification Card, Passport, Driver's Permit, and Other.

Note: Original and valid forms of Identification must be presented upon submission of this application

(III) Employment Information

Employed Yes No Current / Past Occupation1
Retired Yes No

If yes, please provide the following information:
(a) Name of Current or Previous Employer

(b) Employer's Address

Salary/Pension \$ Frequency Daily Weekly Fortnightly Monthly

Note: The above information must be supported by a job letter OR salary slip dated within the last three (3) months, where applicable
If self-employed, what is the nature of your business?

Place of Business

1 Students must provide proof of enrollment in institution

Self-employed individuals, please provide the following: *(please indicate which is presented)*

- Up-to-date Audited Financial Statements (for the last three (3) years) **OR**
- Management Accounts (for the last three (3)years) **OR**
- For a start-up entity²: An opening Balance Sheet & Cash Flow projections (for the next three (3) years)

(IV) Financial Information & Objectives

(a) Net Worth (Please complete table below)

Value of Home (Divide by 2 if jointly owned)	
Mortgage (Deduct)	
Value of Stocks Held (Add)	
Value of Cars (Add)	
Value in other Accounts (Add)	
Value of other owned properties (Add)	
Miscellaneous Values (Add)	
NET WORTH (Total)	

- (a) Primary Source Of Net Worth: _____
- (b) Total Value of Liabilities _____
- (c) Expenditure (Monthly) _____

(V) Other

(a) Purpose for opening account _____
(E.g. to deposit salary, savings, etc.)

(b) How will this account be funded? _____
(E.g. salary, pension, inheritance, etc.)

(c) Estimated **annual** credit turnover \$ _____

(d) Will there be a Power of Attorney on this account? Yes No

If yes, (i) Please provide the Power of Attorney Deed or a notarized letter signed by the account holder granting the third party access.

(ii) Please have the Power of Attorney complete **Section A (Parts I & II)** and sign a blank copy of this form

(e) Have you been entrusted with a local/foreign public function within the past five years? Yes No

(Examples of Public Functions include: Head of State/Government, Senior Government Official³, Senior Politician⁴, Senior Executive of State-owned corporations⁵, Military Official, Judicial Official, Important Political Party Officials⁶, Senior Official of an International Organization)

(f) Are you a close relative of someone was entrusted with a local/foreign public function within the past five years? *(Close relative refers to parents, siblings, spouse, children)* Yes No

(g) If yes to (e), please indicate the public function and term of service. If yes to (f), please indicate the person’s name, position, term of service and your relation to them _____

SECTION B – To be completed by Non-Residents/Non-Nationals only

The following additional documentation is required: (please indicate which are provided)

1. Foreign Banker’s Reference
2. Utility Bill confirming permanent foreign address
3. Work Permit / CSME Certificate / Other official document granting permission for employment
 Missionary Permit / Student Permit / Enrollment letter/ acceptance from Institution in Suriname (students/trainees)

²Start-up entity refers to entities which have been in operation for less than three (3) years.
³ Senior Government Official – Permanent Secretary or an individual holding equivalent positions in a foreign country
⁴ Senior Politician – Senators, Ministers of Parliament, Mayors
⁵ Senior Executive of State-owned corporations – Chairman, Deputy Chairman, President or Vice President of the Board of Directors, Managing Director, General Manager, Comptroller, Secretary, Treasurer
⁶ Important Political Party Official – Chairman, Deputy Chairman, Secretary, Treasurer

I confirm that the information provided on this form is true and correct.

Customer Signature

Date (dd/mm/yyyy)

Certificate Declaration and Consent

I, the undersigned, hereby declare to have received:

- The General Bank Terms and Conditions
- The Savings Regulation
- Terms for Card Use

The undersigned further declares that he has had the opportunity to review these terms and to ask questions and expressly agree that these terms apply to any relationship between the bank and its relationship (s), including the relationship with the undersigned, both for himself as in any capacity.

Customer Signature

Date (dd/mm/yyyy)

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Additional Comments:

Account Manager

Date (dd/mm/yyyy)

Supervisor / Manager

Date (dd/mm/yyyy)