



Bank of The Bahamas

L I M I T E D

NEW /UPDATE INDIVIDUAL CUSTOMER INFORMATION FORM (CIF FORM)

Required for each CIF Holder

A. PERSONAL INFORMATION (Primary Account Holder)		
LAST NAME:	FIRST NAME:	MIDDLE NAME(S):
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		GENDER: <input type="checkbox"/> Female <input type="checkbox"/> Male
PERMANENT HOME ADDRESS: <i>(Inc'l Building/house#)</i>		MAILING ADDRESS:
TEL. (Home): () () - () TEL. (Mobile): () () - () TEL. (Work): () () - () TEL. (Work Mobile): () () - ()		CONTACT IN THE CASE OF EMERGENCY: NAME: TEL: ()
PERSONAL EMAIL ADDRESS:		
WORK EMAIL ADDRESS:		
DATE OF BIRTH: (DD/MM/YYYY)	COUNTRY OF BIRTH:	COUNTRY OF RESIDENCE:
UNIQUE NATIONAL IDENTIFICATION NUMBER TYPE (select one): <input type="checkbox"/> National Insurance Number <input type="checkbox"/> Social Security Number <input type="checkbox"/> National Identification Number		
NATIONAL IDENTIFICATION NUMBER:	NATIONALITY (List all your nationalities/citizenships) Primary Nationality: Other:	
OCCUPATION: (Select one and complete the areas below) <input type="checkbox"/> Salaried <input type="checkbox"/> Self-Employed <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <i>(indicate retired profession)</i> _____		
EMPLOYMENT INFORMATION EMPLOYER NAME: _____ LENGTH OF EMPLOYMENT: _____ JOB TITLE: _____ ADDRESS: _____		



INDIVIDUAL CUSTOMER INFORMATION FORM

(IF SELF-EMPLOYED) What is the nature of the business?

(i) Other than The Bahamas, in which jurisdiction(s) are you conducting business? _____

(ii) What kind of services/products does the business provide? _____

INDICATE WHETHER ANY OF THE 3 BELOW NOTED CATEGORIES DESCRIBE YOU, AND COMPLETE AS APPROPRIATE

POLITICALLY EXPOSED PERSON (PEP) ☐ YES ☐ NO

A PEP is defined as a senior official in the Executive, Legislative, Administrative, Military or Judicial branches of Government and includes immediate family members, close associates, etc.

CUSTOMER RELATIONSHIP TO PEP: ☐ Self ☐ Family Member ☐ Close Associate ☐ Partner

NAME AND POSITION OF PEP: _____

COUNTRY OF PEP: _____

A U.S. PERSON AS DEFINED BY THE FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) ☐ YES ☐ NO

*A citizen of the U.S. including an individual born in the U.S. but resident in The Bahamas or another country, who has not renounced U.S. citizenship; a lawful resident of the U.S. (including a green card holder) and a person living in the U.S. OR who is present in the U.S. for at least 183 days in the year and is not a diplomat, teacher, student, or athlete.

A REPORTABLE PERSON AS DEFINED BY THE ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT is an entity or individual who is a resident of a Common Reporting Signatory State for Common Reporting Standards (CRS) purposes. ☐ YES ☐ NO

TAX IDENTIFICATION NUMBER (TIN)/SOCIAL SECURITY NUMBER (SSN) :

* Note: The Government of The Bahamas has entered into a tax information agreement with the US Government and the OCED to report relevant information to them regarding financial accounts held by persons who maintain balances of USD \$50,000 and USD \$1,000,000 or more for individuals and businesses respectively.

B. VERIFICATION OF IDENTITY:

Copies of the relevant pages of the documents presented are required. If no valid Bahamian passport is available, two forms of identification must be presented. They can be **TWO** items from 1B or one item from 1B and one from 1C. The documents must show the customer's full name, signature, date and place of birth and one must be a photo ID. Expired ID's must bearing close resemblance.

1A	<input type="checkbox"/> Valid and Current Bahamian Passport		
1B	<input type="checkbox"/> Certificate of Bahamian Citizenship <input type="checkbox"/> Resident Belonger Permit <input type="checkbox"/> Spousal Permit <input type="checkbox"/> National ID Card (other) <input type="checkbox"/> Bahamian Voters Card	<input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Work Permit <input type="checkbox"/> Valid and current NIB Card with photo & signature	<input type="checkbox"/> Permanent Residence Permit <input type="checkbox"/> Permit to Reside <input type="checkbox"/> Valid Bahamian Driver's License <input type="checkbox"/> Expired Bahamian Driver's License



INDIVIDUAL CUSTOMER INFORMATION FORM

	<input type="checkbox"/> Expired NIB Card with photo and Signature	<input type="checkbox"/> Expired Bahamian Passport
1C	<input type="checkbox"/> Letter from the Ministry of Education, an accredited trade school or institution or a suitable referee <input type="checkbox"/> Original or Official Copy of a Bahamian Birth Certificate	<input type="checkbox"/> Bahamas Government Tax Assessment Certificate <input type="checkbox"/> Passport issued by other jurisdiction <input type="checkbox"/> Mortgage or other security document (original or certified copy) with name and residential address <input type="checkbox"/> Foreign Birth Certificate (certified apostille of original or copy) <input type="checkbox"/> Employee ID – photo & signature *Any other identification documents presented must approved by the Compliance Department.
DOCUMENT NUMBER:		DOCUMENT NUMBER:
COUNTRY OF ISSUE:		COUNTRY OF ISSUE:
ISSUE DATE:	EXPIRY DATE:	ISSUE DATE: EXPIRY DATE:
C. DECLARATION – Select the appropriate boxes below:		
<input type="checkbox"/> NON-CITIZENS ONLY: I hereby acknowledge that you advised me to consult with independent legal and tax counsel and that you have not offered such advice on the establishing of my account (s) with yourself with regard to legal or tax matters in my country of residence.		
FOR ALL CUSTOMERS: <input type="checkbox"/> I certify that the above information is true, correct, and complete and that we have received, read, understood, and accepted the Terms and Conditions outlined in the "Account Terms and Conditions Agreement" and shall be bound by its terms and conditions. We hereby give authority to Bank of The Bahamas Limited to obtain independent verification of the above information and to examine such documents or other evidence reasonably capable of providing such verification and agree that the above information may be used to offer any services from time to time as permitted by law, regulatory/statutory body and/or government organization.		
CUSTOMER NAME: (PRINT)	SIGNATURE:	DATE:
WITNESS NAME: (PRINT)	SIGNATURE:	DATE:
FOR INTERNAL USE ONLY		
CIF #:	CIF FX Sector Code (Select One): <input type="checkbox"/> 9588 – Individual – Resident <input type="checkbox"/> 9590 – Individual - Temporary	
INPUT BY NAME (PRINT):	SIGNATURE:	DATE:
AUTHORIZED BY NAME (PRINT):	SIGNATURE:	DATE:
REVIEWED BY NAME (PRINT):	SIGNATURE:	DATE: