

Customer Information Update Form – For Individual Customers

Please mark “√” in the appropriate box, where relevant.

Full Name:			Malaysian NRIC/Passport No.:		
Nationality:	Do you have Dual Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	Details of nationalities held:				
	No.	Nationality	ID Number	ID Type	ID Expiry Date
	01.				
02.					
Country of Residence:			Visa Expiry Date: (if Non-Malaysian and Non-PR)		
Residential Address:					
	Postcode:		State:		Country:
Correspondence Address: (If different from Residential Address)					
	Postcode:		State:		Country:
Country Code and Mobile No.:			Country Code and Office Telephone No.:		
Country Code and Home Telephone No.:			Email Address:		
Occupation:			<input type="checkbox"/> Self-Employed (Please specify nature of business/work)		
Name of Employer:			Designation:		
Annual Income:	<input type="checkbox"/> RM24,000 and below per annum <input type="checkbox"/> RM60,001 – RM80,000 per annum				
	<input type="checkbox"/> RM24,001 – RM30,000 per annum <input type="checkbox"/> RM80,001 – RM100,000 per annum				
	<input type="checkbox"/> RM30,001 – RM36,000 per annum <input type="checkbox"/> RM100,001 – RM120,000 per annum				
	<input type="checkbox"/> RM36,001 – RM48,000 per annum <input type="checkbox"/> RM120,001 – RM250,000 per annum				
	<input type="checkbox"/> RM48,0001 – RM60,000 per annum <input type="checkbox"/> Above RM250,000 per annum				
Purpose of Account Opening:	<input type="checkbox"/> Salary Crediting		<input type="checkbox"/> Investment		<input type="checkbox"/> Trust Account
	<input type="checkbox"/> Savings		<input type="checkbox"/> Business Transactions		<input type="checkbox"/> Collection Account
	<input type="checkbox"/> FD Interest Crediting		<input type="checkbox"/> Loan Repayment		<input type="checkbox"/> Others: _____
Source of Funds:	<input type="checkbox"/> Salary Income		<input type="checkbox"/> Business Income/Proceeds		<input type="checkbox"/> Retirement Fund/Pension
	<input type="checkbox"/> Rental Income		<input type="checkbox"/> Sale of Property/Asset		<input type="checkbox"/> Investment/Dividend/Interest
	<input type="checkbox"/> Inheritance/Gift		<input type="checkbox"/> Bank Borrowing/Loan/Financing		<input type="checkbox"/> Maturity of Insurance Policy
	<input type="checkbox"/> Lottery/Gambling Win		<input type="checkbox"/> Proceeds from Insurance Claim		<input type="checkbox"/> Others: _____
Source of Wealth:	<input type="checkbox"/> Employment Income		<input type="checkbox"/> Investment Income		<input type="checkbox"/> Business Income
<input type="checkbox"/> Inheritance					
<input type="checkbox"/> I declare that there are no changes to my existing Customer Information Records with the Bank.					
<input type="checkbox"/> I declare that the information submitted above is correct and I, hereby, authorise the Bank to update this latest information in the Bank's Customer Information Records.					
Customer's Signature:			Date:		
I, hereby, confirmed that the signature on this form is my specimen signature for the Bank's records.					
For Bank's use only:					
<input type="checkbox"/> Update and upload FATCA & CRS Self-Certification form for change of circumstance <input type="checkbox"/> Email to Group Finance upon change of residency and or country status	Attended By		Updated By		Checked By
	Date & Time		Date & Time		Date & Time