## KYC UPDATE INDIVIDUAL/JOINT/SOLE PROPRIETOR

P.O. Box 31567, City Centre Lilongwe 3. Tel: O887 879 611/O887 879 612



Account Name: Account Number: I. Beneficial Owner Details Name: Postal Address: **Physical Address:** US Status (tick one): United States Person □ United States Citizen □ Nationality: Purpose of Account: Birth Place: Birth Country: **ID Number:** Birth Date: Contact Numbers: **ID Expiry Date:** Visa Number: Visa Expiry Date: 2. Power of Attorney Holder Name: Country: Nationality: **Contact Details:** Address: 3. Source of Income **Economic Activity:** Total Income / Expected Monthly Income: Estimated Net Worth: 4. Related Accounts Company: Personal:

• A citizen or resident of the United States.

The term "United States Person" means:

- A partnership created or organized in the United States or under the law of the United States or of any State or the District of Columbia.
- A corporation created or organized in the United States, or under the law of the United States or of any State, or the District of Columbia.
- Any estate or trust other than a foreign estate or foreign trust.
- A person that meets the substanal presence test.
- Any other person that is not a foreign person.

An individual born in the United States,

The term "United States Citizen" means

- An individual whose parent is a US citizen,
- A former alien who has been naturalized as a US citizen.
- An individual born in Puerto Rico,
- An individual born in Guam or,
- An individual born in the US Virgin Islands.

\*\*Visa details for foreign individuals\*\*

5. Customer's Signature		
 	Signature	 Date
	Signature	Date
6. For Official Use Only		
Inputter	Signature	Date
Authoriser	Signature	Date
Checked by	Signature	Date