

Profile Number : _____
Branch / Unit : _____



Title _____
Middle Name _____
Father's Name _____
Mother's **Maiden** Surname _____
Gender _____
Marital Status _____
Spouse ID No _____
Spouse Name _____
Number of people in household _____
Address Details *Line 1* _____
Address Details *Line 2* _____
City, Post Code _____
Telephone No _____
Email Address _____
ID Card No _____
Passport No * _____
Passport Issue Date * _____
Passport Country of Issue * _____
Nationality _____
Country of Birth _____
Nature of Activity _____

First Name _____
Surname _____
Mother's Name _____
Date of Birth _____
Maiden Surname _____
Spouse Surname _____
Country _____
Mobile No _____

** To be filled only by customers who do not possess a Maltese Identity Card*
Passport Expiry Date * _____
Tax Residence (Country) _____
Occupation / Profession _____

Kindly fill in additional information by ticking the appropriate box using **BLACK Ink**:

Education Level	Preferred Banking Channel	Home Ownership Status	Income Level	How Introduced to Bank
Primary <input type="checkbox"/>	ATM <input type="checkbox"/>	Full Ownership <input type="checkbox"/>	€0 – €19,999 <input type="checkbox"/>	Convenient Location <input type="checkbox"/>
Secondary <input type="checkbox"/>	Phone <input type="checkbox"/>	Living with Parents <input type="checkbox"/>	€20,000 – €34,999 <input type="checkbox"/>	Response to Advertising <input type="checkbox"/>
Tertiary <input type="checkbox"/>	Branch <input type="checkbox"/>	Mortgaged Property <input type="checkbox"/>	€35,000 – €49,999 <input type="checkbox"/>	Recommended by Bank Client <input type="checkbox"/>
Post Graduate <input type="checkbox"/>	Internet Banking <input type="checkbox"/>	Renting Public Housing <input type="checkbox"/>	Over €50,000 <input type="checkbox"/>	Recommended by Friend/Family <input type="checkbox"/>
		Renting Private Property <input type="checkbox"/>		Other _____ <input type="checkbox"/>

Interest in Investment Services Yes No Place of work _____

From time to time the Bank might have marketing information. If you are not interested to receive such information please tick this box.

I confirm that the above information is correct and undertake to immediately inform APS Bank in writing in case of any changes in future.

Signature _____

Date _____