

Bank use only. Branch: 300 CIF number:

A. GENERAL INFORMATION:

Family name:		Surname:	
Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Passport №:		Date of birth:	
Nationality:		Country of birth:	
Home phone:		Cell phone:	
E-mail address:		Postal №:	
Dual citizenship: <input type="checkbox"/> Yes (please specify) _____ <input type="checkbox"/> No			
Residential address in Mongolia:		Overseas home address:	
City, province: _____		Street, Apt №: _____	
District, soum: _____		State and City: _____	
Sub district: _____		Country: _____	
Street: _____		Postal №: _____	
Building, Apt: _____			
Housing type: <input type="checkbox"/> Apartment <input type="checkbox"/> Fence house <input type="checkbox"/> House <input type="checkbox"/> Ger <input type="checkbox"/> Other			
US green card holder*: <input type="checkbox"/> Yes <input type="checkbox"/> No			
* Note: <i>US FATCA, Foreign Account Tax Compliance Act, requires the Bank to properly identify all US persons including US Green cardholder. If you answered "Yes" to any of these questions or there is USA related information, please fill in and provide the Golomt bank FATCA form and the W-9 or W-8 form issued from United States Internal Revenue Service.</i>			

B. OTHER INFORMATION

1. Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Divorced <input type="checkbox"/> Widow <input type="checkbox"/> Cohabitant	
Married period: _____	Family member: _____
Number of members with income: _____	
2. Education: <input type="checkbox"/> Doctoral degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Secondary <input type="checkbox"/> Primary <input type="checkbox"/> Other _____	
Graduate school: _____	Profession: _____
3. Employment: <input type="checkbox"/> Private sector <input type="checkbox"/> Self employed <input type="checkbox"/> Public sector employee <input type="checkbox"/> Student <input type="checkbox"/> Pensioner <input type="checkbox"/> Other _____	
Employer's name/Business name: _____	Industry type: _____
Position: _____	Working and business experience (in year): _____
4. Source of income : <input type="checkbox"/> Salary <input type="checkbox"/> Pension,welfare <input type="checkbox"/> Business income <input type="checkbox"/> Stock <input type="checkbox"/> Rental income <input type="checkbox"/> Donation <input type="checkbox"/> Other _____	
Monthly income: <input type="checkbox"/> No income <input type="checkbox"/> 1,000,001 - 3,000,000₮ <input type="checkbox"/> 0-500,000₮ <input type="checkbox"/> 3,000,001 - 5,000,000₮ <input type="checkbox"/> 500,001 - 1,000,000 <input type="checkbox"/> 5,000,001₮ up	
5. Other 2 contacts information: 	
1. Relation: _____	2. Relation: _____
Full name: _____	Full name: _____
Mobile #: _____	Mobile #: _____
6. Privacy consent:	
I understand and acknowledge that by signing and certifying this document, I accept the Bank to collect my all personal information mentioned in this form and any other additional data required for verification (for example, loan database inquiries, data at state registry office, information on the use of Bank products and services etc). I hereby accept the use, processing and storing of my personal information gathered, for the purposes of customer identification, conducting KYC operations and for the use of offering products and services by the Bank or for the use in any other activity related to banking services.	
As provided by the Law and the contract between us, during the period of receiving service from the Bank, I hereby accept to transfer and utilize the above personal information to other parties (with purposes including but not limited to product development, discounts, incentives, inspections, insurance, and Mongolian Mortgage Corp.).	
(please write Yes or No) _____	(Signature) _____

This consent shall not be made public and can be revoked upon written request. In the case of revocation, it is understood and accepted that the established relationship between the parties will be changed or terminated.

7. Marketing consent:

We would love to send you information and offers about our new products and services by email and SMS. We will always treat your personal details with the utmost care and will never sell them to other companies for marketing purposes.

- Yes please, I would like to hear about offers and services.
 No thanks, I do not want to hear about offers and services.

* If you are receiving the information and offers about our products and services by email or SMS without your prior given consent, please contact us at privacy@golombank.com.

* Our privacy notice, see <https://www.golombank.com/en/privacy> or ask bank assistant for a hard copy. You have a right to object the processing of personal data that we are collecting.

I confirm that the above entered information is true, correct and complete and I agree to provide updates to bank in the event of changes in the information provided on this form. The bank shall not be liable for any incidents due to the failure or mistakenly provided information on this form. I acknowledge that the bank reserves the right to terminate the banking services in the event of incorrect or misleading information provided herein in accordance with the applicable

8. Verified signature: _____

Date: _____

C. BANK USE ONLY



ХАРИЛЦАГЧИЙН ХУВИЙН ХЭРГИЙН БҮРДЭЛ ШАЛГАХ ХҮСНЭГТ

Хувийн хэргийн бүрдэл		Тоо ширхэг
1	Харилцагчаар бүртгүүлэх хүсэлт	
2	Гадаад паспорт хуулбар	
3	Оршин суугаа үнэмлэхний хуулбар	
4	FATCA FORM if US nation	
5	W-9	
6	W-8	
7		
8		
Бүтээгдэхүүний гэрээ		
1	Мастер гэрээ	
2		
3		
4		
5		
6	
Бусад		
1	Хамтран эзэмшигчээр бүртгүүлэх, цуцлах хүсэлт	
2	Хүүхдэд захиран зарцуулах эрх олгох	
3	Итгэмжлэл	
4	

Нэмэлт бүтээгдэхүүн үйлчилгээ	Тоо ширхэг	Салбарт бүртгэх	SBO-д бүртгэх	Бүртгэсэн	Хянасан
1	Захиалгат шилжүүлэг, үйлчилгээ	<input type="checkbox"/>			
2	Easy Info үйлчилгээ	<input type="checkbox"/>			
3	Интернэт банк	<input type="checkbox"/>			
4	Мобайл банк	<input type="checkbox"/>			
5	Авто сунгалтын захиалга	<input type="checkbox"/>			

Банк:

Харилцагчийн дугаар: _____

Огноо: _____

Салбарын ажилтан: _____
Нэр _____ Гарын үсэг _____

Хянасан: _____
Нэр _____ Гарын үсэг _____

Хувийн хэргийн хяналтын алба:

Огноо: _____

Бүртгэсэн: _____
Нэр _____ Гарын үсэг _____

Хянасан: _____
Нэр _____ Гарын үсэг _____