

UPDATE REQUEST OF INFORMATION - RETAIL LOAN APPLICANT Thank you for choosing us. Please fill in the application correctly and legibly

Branch	CIF number		Date /	/	_/
GENERAL INFORMATION	N				
Family name		Registration number/Civil certificate number	er		
Surname		Gender			
Name		Citizen identity card expiration date			
Nationality		Cell phone			
Country of birth		E-mail address			
Date of birth		Social /Facebook, Instagram/			

## **ADDRESS INFORMATION**

Residential address	
Residential address in Mongolia	Housing type
Country	$\Box$ Apartment $\Box$ Fence house $\Box$ House
City, province	□ Ger □ Other
District, soum	Ownership type
Sub district	$\Box$ Own $\Box$ Rent $\Box$ Relatives $\Box$ Other
Street	Date of Occupancy
Building, Apt	Number of Address change
US green card holder*	$\Box$ Yes $\Box$ No

**Note\*:** 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..

<b>EDUCATION INFO</b>	RMATION				
Education information	□ Doctoral degree	□ Master'	s degree	□ Bachelor's degre	ee 🗆 Collage
□ Non-tertiary education	$\Box$ Upper secondary	education	$\Box$ Lower set	condary education	□ Primary education
$\Box$ No schooling	Other				
Graduate school	Pro	fession		Graduate of	late

EMPLOYMEN	<b><b>FINFORMATION</b></b>					
Employment	□ Private sector	□ Public sector	employee	□ Self employed	□ Student	□ Housework
□ Pensioner	□ Unemployed	Other				
Type of income	□ Constant income	□ Business	income	□ Constant and bus	iness income	
Business type	□ Organization	□ Individual				
Employer's name			Total duration	on of employment		
Position			Work phone number			
Employment start date			Work address			
Number of worked organizations			Business operation			

# Work experience

Name of organization	Position	Business operation	Employment start date	Employment end date	Reason of resignation

FAMILY INFORMATION						
Marital status	□ Married	□ Not married	□ Demostic Partnership		□ Widow	
Years married	Num	ber of family members	Number of famil	y members with incor	ne	

# Family members' information

Full name	Registration number/ Civil certificate number	Relation	Cell phone	Live with	Employment detials	Position

### **CONTACT INFORMATION**

### Your supervisor's information

Full name	Position	Phone number

### **Emergency contact information**

Full name	Relation	Employment details	Cell phone

## **PRIVACY CONSENT**

<sup>4</sup> 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 he 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."

I confirm that the above entered information is true, correct and complete and I agree to provide updates to bank in the event of charges 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 laws.

CUSTOMER	BANK
Date ///	Date ///
Verified signature	Bank employee//
/	Controlled employee//