

KNOW YOUR CUSTOMER FORM

EXPLANATORY NOTES

1. The purpose of this checklist is to ensure that the identity of customers and their source of wealth/funds are properly verified in order to achieve compliance with the Proceeds of Crime Act 2000 and it must be completed and submitted as part of every application. Only original documents must be used in the verification process and must be copied and attached to this form. 2. This checklist must be completed and submitted together with all relevant attachments.

PLEASE TICK THE APPROPRIATE BOXES AND ATTACH SUPPORTING DOCUMENTS WHERE APPLICABLE

SECTION A. Clie	nt Information		Date:	
Full Name:				
Date of Birth/Inco	prporation:		Place of Birth:	
Nationality:			Country of Residence:	
Address of Home	/Registered Office:			
Business Address	; (if different to abov	ve)		
Phone Nos.	Home:	Work:		Mobile:
Fax Number:		Email Address:		

SECTION B. Client Type

Individual Resident	Individual Non-Resident	Company	
Partnership	Other (specify)		
I am a Politically Exposed Person/ Pu	blic Figure (PEP) or Relative thereof:	Yes	No

(Specify)

A Politically Exposed Person / Public Figure is defined as:

- a. Individuals such as the Head of State or Government, senior politician, senior government, judicial or military officials, senior executives of State-owned corporations and important political party officials who are or have been entrusted with prominent functions by a foreign country or domestically for Trinidad and Tobago persons who are or have been entrusted with a prominent function by an international organization which refers to members of senior management such as directors and members of the board or equivalent functions;
- b. An immediate family member of a person referred to in paragraph (a) such as the spouse, parent, siblings, children and children of the spouse of that person; and
- c. Any individual publicly known or actually known to the relevant financial institution to be a close personal or professional associate of the persons referred to in paragraphs (a) and (b);



SECTION C. Verification of Identity / Address

Individual

RESIDENT (2 valid forms of picture ID must be provided)

ID Type (Please tick two)	Number	Country of Issue	Expiry Date	Documents	Attached
Passport		-		Yes	No
National ID Card				Yes	No
Driver's Permit				Yes	No
HOME ADDRESS (using one of the following	g)	Date (within 3 month	s of application)	Documents	Attached
Utility Bill (Electricity, Water, Tel	lephone, Cable)			Yes	No
Electoral List				Yes	No
Current Bank Statem	ent			Yes	No
NON RESIDENT ONLY (PI	ease provide addi	tional information below))	Documents	s Attached
					NL.
Overseas Bank Refere	ence			Yes	No
	ence vide all of the follov	wing documents)		Yes Documents	
	vide all of the follow	wing documents)			
Company (Please prov	vide all of the follow	wing documents)		Documents	Attached
Company (Please prov Certificate of Incorporatio	vide all of the follow			Documents Yes	s Attached No
Company (Please prov Certificate of Incorporation Notice of Address	vide all of the follow			Documents Yes Yes	s Attached No No
Company (Please prov Certificate of Incorporation Notice of Address Copy of latest annual return	vide all of the follow on Irn (filed within las	t 12 months)		Documents Yes Yes Yes	s Attached No No No
Company (Please prov Certificate of Incorporation Notice of Address Copy of latest annual return Articles of incorporation	vide all of the follow on Irn (filed within las I Directors and Sig	at 12 months)	are capital	Documents Yes Yes Yes Yes	s Attached No No No No
Company (Please prov Certificate of Incorporation Notice of Address Copy of latest annual return Articles of incorporation Copies of photo IDs for all	vide all of the follow on Irn (filed within las I Directors and Sig all shareholders h	st 12 months) gnatories olding > 10% paid up sh	are capital	Documents Yes Yes Yes Yes Yes	s Attached No No No No No
Company (Please prov Certificate of Incorporation Notice of Address Copy of latest annual return Articles of incorporation Copies of photo IDs for all List and verify identity of a	vide all of the follow on I Directors and Sig all shareholders h	at 12 months) gnatories olding > 10% paid up sh pwing documents)	are capital	Documents Yes Yes Yes Yes Yes Yes	s Attached No No No No No
Company (Please prov Certificate of Incorporation Notice of Address Copy of latest annual retur Articles of incorporation Copies of photo IDs for all List and verify identity of a Partnership (Please prov	vide all of the follow on I Directors and Sig all shareholders h ovide all of the follo ement duly Notar	at 12 months) gnatories olding > 10% paid up sh owing documents) ized	are capital	Documents Yes Yes Yes Yes Yes Documents	S Attached No No No No No



SECTION D. Occupation / Business Activities

Employee Name of Employer:

Business

Type of Business: (Please select type and specify where necessary)

Attorney/Accountant	Import/Export (specify)	Specify
Financial Services (specify)	Distribution (specify)	
Retail (specify)	Transport / Travel Agent	
Real Estate	Dentist /Doctor	
Construction	Other (specify)	

SECTION E. Verification of Source of Funds

SOURCE OF FUNDS over \$50,000	Documents A	Attached
Has the Declaration of Source of Funds Form been completed and attached?	Yes	No

SECTION F. Other

(Please provide any additional information that may be useful in processing this application)

I/We hereby declare and confirm that the information given by me/us in this application is true and correct and I/we declare that I/we am/are not engaged in money laundering, terrorist financing, fraud or other illegal activities.

I/We release and forever discharge all such persons and entities from all liabilities connected with such disclaimer whosoever and howsoever arising.

Name:	Reviewed By		
Signature:	Signature:		
Date:	Date:		
Documents Outstanding			Yes No
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