

KNOW YOUR CUSTOMER FORM

To be used for business entities only



PLEASE COMPLETE THE FORM IN ITS ENTIRETY IN BLOCK LETTERS ONLY

- To comply with our obligations under the Proceeds of Crime Act, Chap. 11.27 (as amended), the Financial Obligations Regulations, 2010 (as amended) and the Foreign Account Tax Compliance Act (FATCA), we are mandated to request the information contained therein.

SECTION 1 Identity Information

Registered / Legal Name

Company Type ☐ Limited Liability ☐ Partnership ☐ Credit Union ☐ Financial Institution
☐ State Enterprise ☐ Statutory Body ☐ Government ☐ Club / Association
☐ Non-Profit Org. ☐ Charitable Org. ☐ Non-Government Org.

Industry

Nature of Business

SECTION 2 Purpose of Business Relationship

☐ Open/ Renew Fixed Deposit ☐ Open Demand Deposit ☐ Apply for Loan Facility ☐ Advisory Services
☐ Open Mutual Fund ☐ Foreign Currency Exchange ☐ Purchase Bond / T-Bill ☐ Syndication & Participation
☐ Wealth Management Services ☐ Other (Please specify)

SECTION 3 Expected Source of Funds through Accounts

☐ Trade Business ☐ Service Fees ☐ Interest/ Dividends ☐ Rental Income
☐ Donations ☐ Loan Proceeds ☐ Capital Gains ☐ Subsidiaries
☐ Other (Please specify)

SECTION 4 Address Information

a. Head Office/ Main Business Address

b. Correspondence/ Mailing Address

Address Line 1

Address Line 2

City/ Town / Village

Country

SECTION 5 Connected Parties (if company is a subsidiary or affiliate in a Group of Companies)

Parent Company

Address Line 1

Address Line 2

City/ Town / Village

Country

Please list the Affiliated firms/ Subsidiaries if any

SECTION 6 Contact Information

Telephone #

Email Address

Contact Name

Title/ designation

Contact #

Email address

SECTION 7

Listed Business & Non Regulated Financial Institutions

Is the company a listed business or Non-Regulated Financial Institution? ☐ YES ☐ NO

If yes, the following documentation is required : (please indicate which are provided)

☐ Proof of Registration as a Listed Business/ Non-Regulated Financial Institution with the Financial Intelligence Unit of Trinidad & Tobago (see reverse for listed businesses).

☐ Confirmation letter indicating that a Compliance Program exists and is in line with the Proceeds of Crime Act, Chap: 11.27 (as amended)

SECTION 8

Beneficial Owners

A Beneficial Owner is an individual who:

a. owns or controls, directly or indirectly, including through a trust or bearer share holding, not less than 10% of the issued share capital of the corporation;

b. is, directly or indirectly, entitled to exercise or control the exercise of not less than 10% of the voting rights at general meetings of the corporation; or

c. exercises ultimate control over the management of the corporation;

** if the corporation is acting on behalf of another person, the beneficial owner is the natural person.*

Are the shares in your company beneficially owned by persons other than the registered owner? ☐ YES ☐ NO

If yes,

1. Please state the name(s) of all beneficial owner(s) in the space(s) below. Please use another sheet if necessary.

2. The Company is required to submit copies of valid identification which are authenticated by the Corporate Secretary for those owning at least 10% of Outstanding Capital Stock.

Full Name	Full Name
Street Address	Street Address
City & Country	City & Country
% Ownership	% Ownership
Occupation	Occupation
Nationality	Nationality

Full Name	Full Name
Street Address	Street Address
City & Country	City & Country
% Ownership	% Ownership
Occupation	Occupation
Nationality	Nationality

Full Name	Full Name
Street Address	Street Address
City & Country	City & Country
% Ownership	% Ownership
Occupation	Occupation
Nationality	Nationality

SECTION 9

¹Politically Exposed Person (PEP) Attestation

Please indicate whether the following is applicable to any of your beneficial owners, directors or signatories

a. Have you ever been a Head of State or Government, Senior Politician, Senior Government Official, Judicial or Senior Military Official either local or foreign? ☐ YES ☐ NO

If yes, please provide details

b. Have you ever been a senior official of a major Political Party or a senior executive of a local or foreign Government owned commercial enterprise either local or foreign? ☐ YES ☐ NO

If yes, please provide details

c. Are you an immediate family member (spouse, parent, sibling, child) or close personal or professional associate of anyone in the above categories (a – b)? ☐ YES ☐ NO

If yes, please provide details

d. Have you ever been entrusted with a prominent function by an international organization either local or foreign? ☐ YES ☐ NO

If yes, please provide details

¹ A PEP is defined by the Financial Action Task Force (FATF) as “an individual who is or has been entrusted with a prominent public function.” The FATF recognizes that, due to their status and influence, many PEPs are in positions that can be platforms for committing money laundering and related predicate offences. These include corrupt practices and bribery, as well as conducting activities related to the financing of terrorism.

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SECTION 10

Directors' Information

(List Company Directors; at least 2 forms of ID MUST be submitted) *PEP: Politically Exposed Person ** RPEP: Related to PEP

	Full Name (First, Last Name)	Occupation	PEP*	RPEP
1.			<input type="checkbox"/>	<input type="checkbox"/>
2.			<input type="checkbox"/>	<input type="checkbox"/>
3.			<input type="checkbox"/>	<input type="checkbox"/>
4.			<input type="checkbox"/>	<input type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>
7.			<input type="checkbox"/>	<input type="checkbox"/>
8.			<input type="checkbox"/>	<input type="checkbox"/>
9.			<input type="checkbox"/>	<input type="checkbox"/>
10.			<input type="checkbox"/>	<input type="checkbox"/>

SECTION 11

Foreign Account Tax Compliance Act (FATCA) Information (tick yes where applicable to you)

Global Intermediary Identification Number (GIIN)
(financial institutions only)

Kindly indicate your Chapter 4 Status (FATCA status)
Chapter 4 status. The term chapter 4 status means a person’s status as a U.S. person, specified U.S. person, foreign individual, participating FFI, deemed-compliant FFI, restricted distributor, exempt beneficial owner, nonparticipating FFI, territory financial institution, excepted NFFE, or passive NFFE.

Please indicate your US Status by signing at either A or B below:

A. FATCA CERTIFICATION NON-US PERSON

I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct and complete. I further certify that:

- The person identified on the line entitled Legal Name on this form is the beneficial owner of all the income to which this form relates.
- The person identified on the line entitled Legal Name is not a US person.
- The income to which this form relates is: (a) not effectively connected with the conduct of at trade or business in the United States, (b) effectively connected but is not subject to tax under an income tax treaty, or (c) the partner’s share of a partnership’s effectively connected income, **and**
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt or custody of the income of which the entity named on the line entitled Legal Name is the beneficial owner or any withholding agent that can disburse or make payments of the income of which the named entity on the line entitled Registered Company Name is the beneficial owner.

I agree that I will advise ANSA Merchant Bank Limited immediately if any certification on this form is no longer valid.

Signature of individual authorized to sign for beneficial owner

Name

Date (yyyy/mm/dd)

☐ I certify that I have the capacity to sign for the entity identified on the line entitled Registered Company Name of this form.

B. FATCA CERTIFICATION US PERSON

I certify that:

- The **Global Intermediary Identification Number (GIIN)** is correct and
- I am a U.S. person
- I have completed an Internal Revenue Service (IRS) US Form W-9 ☐ YES ☐ NO
- Copies of all accompanying evidence in support is attached to declaration.

I agree that ANSA Merchant Bank Limited can provide to the United States Internal Revenue Service and to any relevant tax authority (or any party authorized to act on behalf of such an authority) any of the information provided in this section or any information that may be required to be provided by law to the United States Internal Revenue Service or other relevant tax authority relating to my account(s) held.

Signature of individual authorized to sign for beneficial owner

Name

Date (yyyy/mm/dd)

Signature of Responsible Officer at ANSA Merchant Bank Limited

Date (yyyy/mm/dd)

Note: ANSA Merchant Bank Ltd and its subsidiaries are not responsible for providing any tax advice to clients. Clients are advised to seek professional advice from their Attorneys on their FATCA status etc.

SECTION 12

Customer Declaration & Consent

1.

I/ We declare that the information furnished to ANSA Merchant Bank Limited (AMBL), including any annexes and supporting documents that are attached hereto, is true and correct and AMBL is entitled to verify the same either directly or through any third party agent. I/ We also agree that, if any such declarations made by me/us are found to be incorrect, AMBL shall be entitled to terminate the account relationship. I/We confirm having read and understood the account rules of AMBL, and hereby agree to be bound by the terms and conditions and amendments governing the account(s) issued by AMBL from time to time.

I/ We also agree that AMBL can disclose this application, any information contained therein, other related confidential information and transactions in this application and on accounts linked to me to law enforcement and regulatory authorities.
2.

For Partnerships – signed by persons authorised as per the company’s existing Partnership Resolution
For Companies – signed by persons authorised as per the company’s existing Mandate
3.

I/We confirm that the company has not been or is not in the process of being dissolved, struck-off, wound-up, terminated or placed under receivership or liquidation.

Authorized Signatory
(NAME IN BLOCK LETTERS)

Officer’s Signature

Date

Company Seal / Stamp

SECTION 13

For Bank Purposes Only

1.

☐ PROSPECTIVE CUSTOMER
[Initial Screening]

☐ EXISTING CUSTOMER
[Retrospective screening]

CUSTOMER #
2.

Industry Code Sub-sector Code
3.

Is the applicant engaged in any of the following businesses noted below (please tick appropriate box)?

A. Listed Business

☐ YES ☐ NO

If YES, please select which applies

☐ Internet Gambling
☐ Real Estate
☐ Motor Vehicle Sales
☐ Gaming Houses
☐ Pool Betting
☐ National Lotteries/ On-Line Betting
☐ Cash Intensive Business
☐ Jewellery
☐ An Art Dealer
☐ Professional service provider
(e.g. Attorney-at-Law, Accountant, or other Independent Legal Professional)
☐ Money or Value Transfer Services
☐ A Private Members’ Club
☐ Trust & Company Service Provider

B. Non-regulated FI

☐ YES ☐ NO

If YES, please select which applies

☐ Credit Union
☐ Building Society
☐ Postal Service
☐ Cash Remitters

C. Other

☐ YES ☐ NO

If YES, please tick which applies

☐ State Enterprise
☐ Statutory Body
☐ Politically Exposed Person
☐ Overseas company

4.

AML/CFT ASSESSMENT

From the above, the client is noted as

☐ HIGH RISK
List noted above (2A – 2C)

☐ MEDIUM RISK
all others

☐ LOW RISK
Regulated Financial institutions
AMBL Group Companies
5.

Has beneficial ownership been verified in line with required standards and true copies of documents obtained?
☐ YES ☐ NO

Branch Location

Department Unit

Transaction Officer (NAME IN BLOCK LETTERS)

Officer’s Signature

Date

Manager (NAME IN BLOCK LETTERS)

Manager’s Signature

Date