

# KNOW YOUR CUSTOMER FORM

To be used for natural persons 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.
- A separate Know Your Customer (KYC) form should be completed for additional joint holders.

**SECTION 1. Identity Information**

Prefix	First Name	Middle Name	Last Name
Applicant Name			
Maiden Name		Alias / Also known as	
Date of Birth (yyyy/mm/dd)	Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female		
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced <input type="checkbox"/> Common Law <input type="checkbox"/> Widower
Nationality	Citizenship		
Dual Citizenship?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If Yes, please state country	

**SECTION 2. Proof of Identity**

Passport #	Issue Date	Expiration Date
National ID Card #	Issue Date	Expiration Date
Driver's Permit #	Issue Date	Expiration Date
Other ID	Issue Date	Expiration Date

**SECTION 3. Address Information**

**a. Residential/ Physical Address** **b. Correspondence/ Mailing Address**

Address Line 1

Address Line 2

City/ Town

Country

**SECTION 4. Contact Information**

Home Work Mobile

Telephone Numbers

Email address .....

**SECTION 5. Expected Source of Funds through Accounts**

<input type="checkbox"/> Salary	<input type="checkbox"/> Rental income	<input type="checkbox"/> Gratuity	<input type="checkbox"/> Pension	<input type="checkbox"/> NIS payment
<input type="checkbox"/> Interest/ Dividends	<input type="checkbox"/> Business profits	<input type="checkbox"/> Capital gains	<input type="checkbox"/> Royalties	<input type="checkbox"/> Other

If other, please specify

**SECTION 6. Financial Details**

Employment Status	<input type="checkbox"/> salaried worker	<input type="checkbox"/> retiree / pensioner	<input type="checkbox"/> unemployed	<input type="checkbox"/> student / minor
Occupation	Job Title			
Industry	.....			
Gross Monthly Income (from all sources)	.....	Salary frequency:	<input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Weekly
Employer's Name				
Employer's Address				

**SECTION 7. Self-employed / Freelance Individuals only**

1. Is the business involved in the any of the activities listed below? Yes No

- ☐ Internet Gambling
- ☐ Real Estate
- ☐ Motor Vehicle Sales
- ☐ Gaming Houses
- ☐ National Lotteries
- ☐ Cash Intensive trade
- ☐ Jewellery
- ☐ Art Dealer
- ☐ Accountant
- ☐ Notary Public
- ☐ Pool Betting
- ☐ Attorney-at-Law

2. 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)

Name of Business

Nature of Business

Business Address

Contact Details

3. The following items may also be required

- Registration certificate (mandatory if business is registered)
- Professional licensure; required for:

i. Doctors

ii. Lawyers

iii. Accountants

iv. Farmers (farmer’s badge)

v. Taxi Operators (taxi badge)

vi. Vendors & Food Caterers (food badge)
- Financials in the form of management accounts for the last three (3) years if in operation for more than three (3) years; or estimates of income for three (3) years if in operation for less than three (3) years;
- Bank statements for the past six (6) months (mandatory requirement)

**SECTION 8. <sup>1</sup>Politically Exposed Person (PEP) Attestation (tick yes where applicable to you)**

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

**SECTION 9. Foreign Account Tax Compliance Act (FATCA) Information (tick yes where applicable to you)**

The Government of the United States of America passed a law in March 2010 under the Foreign Account Tax Compliance Act (FATCA) requiring disclosure on the existence of all accounts held by United States nationals and of any persons or entities to which the following indicia are applicable. Please tick where appropriate pertaining to your U.S. status.

- a. Identification of any account holder as a resident of the United States of America (USA) or as a USA Citizen (i.e. Holder of a Green card)

☐ YES ☐ NO
- b. A USA address associated with an account holder

☐ YES ☐ NO
- c. A USA place of birth for an account holder

☐ YES ☐ NO
- d. A USA “in care of” or “hold mail” address or a P.O. address that is the sole address on file with respect to the account holder(s)

☐ YES ☐ NO
- e. A power of attorney or signatory authority granted to a person with a USA address

☐ YES ☐ NO

<sup>1</sup> 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.

f. Standing order instruction provided to transfer funds to an account maintained in the USA or directions received from a USA address ☐ YES ☐ NO

Are you or any joint party to this Account with ANSA Merchant Bank Limited a USA national or holder of a Green Card for residency in the USA? ☐ YES ☐ NO

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

A. FATCA CERTIFICATION FOR NON-US PERSONS

I certify that:

- a. I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates,
- b. The person named under the section entitled ‘Identity Information’ on this form is not a U.S. person,
- c. The person named under the section entitled ‘Identity Information’ on this form is a resident of the treaty country where they indicated tax is paid (if any) within the meaning of the income tax treaty between the United States and that country, and

I agree that I will advise ANSA Merchant Bank Limited immediately of any changes relating to my U.S. status.

Signature of beneficial owner  
(or individual authorized to sign for beneficial owner)

B. FATCA CERTIFICATION FOR US PERSONS

If you are a US person and answered “yes” to the Assessment of US Indicia noted above, then:

I certify that:

- a. The Taxpayer Identification Number (TIN) provided is correct, and
- b. I am a U.S. person;
- c. I have completed an Internal Revenue Service (IRS) US Form W-9- Request for Taxpayer Identification Number and Certification ☐ YES ☐ NO
- d. I have renounced my US Citizenship and have completed an IRS W-8BEN Form – Certificate of Foreign Status of Beneficial Owner for US Tax Withholding ☐ YES ☐ NO

Copies of all accompanying evidence in support should be 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 US Person Taxpayer Identification Number (TIN) Date

Signature of Responsible Officer at ANSA Merchant Bank Limited Date

SECTION 10. Purpose of Business Relationship

- ☐ open mutual fund ☐ apply for loan facility ☐ local market securities investment
- ☐ open/ renew fixed deposit ☐ foreign currency exchange ☐ foreign market securities investment
- ☐ open demand deposit ☐ purchase bond / treasury bill ☐ other (please specify below)

SECTION 11. Connected Party Information

- a. Are you a major shareholder, partner or director in a business entity that is an existing customer of ANSA Merchant Bank Limited?  
☐ YES ☐ NO If yes, please provide details
- b. Are you a Director/ <sup>2</sup>Officer of any company in the ANSA McAI Group?  
☐ YES ☐ NO If yes, please provide details
- c. Are you a spouse (including common law), parent, sibling, child or spouse’s child of a Director/ Officer of any company in the ANSA McAI Group?  
☐ YES ☐ NO If yes, please provide details

<sup>2</sup> Section 4 of the Companies Act of Trinidad and Tobago, an “Officer”, in relation to a body corporate means—  
i) the Chairman , Deputy Chairman , President or Vice-President of the Board of Directors;  
ii) the Managing Director , General Manager, Comptroller, Secretary or Treasurer; or  
iii) any other person who performs for the body corporate functions similar to those normally performed by the holder of any office specified in paragraph (a) or (b) and who is duly appointed to perform such functions

FORM # GRC-001 (revised 18-Feb-2021) Page 3 of 4

SECTION 12. Customer Declaration & Consent

1.

I declare that the information furnished by me to ANSA Merchant Bank Limited (AMBL) is true and correct and AMBL is entitled to verify the same either directly or through any third party agent. I also agree that, if any such declarations made by me are found to be incorrect, AMBL shall be entitled to terminate the account relationship. I 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.
2.

I 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, regulatory authorities and its Financial Subsidiaries (ANSA Bank Limited, TATIL Life Assurance & TATIL General Insurance).

Account holder name

Date

Specimen Signature

SECTION 13. For Bank Purposes Only

1.

☐ PROSPECTIVE CUSTOMER  
[Initial Screening]

☐ EXISTING CUSTOMER  
[Retrospective screening]

T24 CIF # .....
2.

AML /CFT Risk rating (please tick appropriate box).

<input type="checkbox"/> HIGH RISK	<input type="checkbox"/> MEDIUM RISK
<b>Please indicate which applies</b>	<b>Please indicate which applies</b>
<div><input type="checkbox"/> POLITICALLY EXPOSED PERSON</div> <div><input type="checkbox"/> INTRODUCED BUSINESS [THROUGH INDEPENDENT 3<sup>RD</sup> PARTY]</div> <div><input type="checkbox"/> FOREIGN RESIDENT<sup>a</sup></div> <div><input type="checkbox"/> ESTATE EXECUTOR/ ADMINISTRATOR</div> <div><input type="checkbox"/> POWER OF ATTORNEY</div>	<div><input type="checkbox"/> REAL ESTATE AGENT<sup>b</sup></div> <div><input type="checkbox"/> LAWYER<sup>c</sup></div> <div><input type="checkbox"/> ACCOUNTANT<sup>c</sup></div> <div><input type="checkbox"/> NOTARY<sup>c</sup></div> <div><input type="checkbox"/> INFORMAL WORKER<sup>d</sup></div>
	<div><input type="checkbox"/> FORMAL WORKER</div> <div><input type="checkbox"/> ANSA MCAL STAFF</div> <div><input type="checkbox"/> PENSIONER</div> <div><input type="checkbox"/> STUDENT/ MINOR</div>

- a. Refers to foreign clients not domiciled in Trinidad & Tobago or with limited local financial history
- b. Refers to agents involved in the buying & selling of real estate
- c. Refers to sole practitioners, partners and employed professionals within professional firms. It is not meant to refer to “internal” professionals who are employees of other types of businesses, or to professionals working for government agencies who may already be subject to measures that would combat money laundering.
- d. Refers to individuals paid primarily in cash, with no records management, no registration documents and for which there is an inability to verify the source of funds

3.

Has the customer’s identity been verified in line with the 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