

# Mutual Funds Application Form



Each individual investor is required to complete a separate KYC Form as an attachment to this application

## 1 SOLE / PRIMARY ACCOUNT HOLDER

PRIMARY APPLICANT [FULL NAME]

CUSTOMER #

GUARDIAN NAME (if Sole / Primary applicant is a Minor)

☐ Natural Guardian\*

☐ Legal Guardian\*\*

\* (Father or Mother) Submit document evidencing relationship with Guardian

\*\* (Court appointed Guardian) In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support

## 2 JOINT ACCOUNT HOLDER (S)

SECONDARY APPLICANT [FULL NAME]

CUSTOMER #

TERTIARY APPLICANT [FULL NAME]

CUSTOMER #

QUATERNARY APPLICANT [FULL NAME]

CUSTOMER #

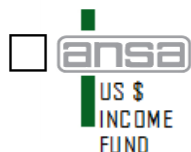
Where the investment is opened 'joint', the undersigned confirms, by ticking the applicable box, that it is operated under a:

☐ Joint "AND" tenure

☐ Joint "OR" tenure

Persons establishing Joint Accounts shall be treated as joint tenants with right of survivorship on death of any one joint account holder. Upon the death of one of you the entire account balance will belong to the surviving joint tenant. If there is more than one joint tenant who survives, then the survivors intend to remain as joint tenants with right of survivorship.

## 3 INVESTMENT INFORMATION [Please ✓ your choice of Fund]



SUBSCRIPTION AMOUNT

\$ \_\_\_\_\_

DIVIDEND OPTION

☐ REINVESTMENT

☐ ACH DIRECT DEPOSIT

### INSTRUCTIONS FOR ACH DIRECT DEPOSIT

ACCOUNT IN NAME OF:

ACCOUNT NUMBER

ACCOUNT TYPE

☐ SAVINGS ☐ CHEQUING

BENEFICIARY BANK

BRANCH LOCATION

#### 4 CUSTOMER DECLARATION AND CONSENT

I/We hereby certify that the information given herein is TRUE and CORRECT. I agree to indemnify and hold ANSA Merchant Bank harmless from and against any and all damages, claims, demands, suits, judgments, losses or expenses (including attorney's fees and litigation costs) of any nature whatsoever, arising from the use of the information provided herein.

##### TERMS AND CONDITIONS

I/We confirm that I have read the Prospectus dated 23<sup>rd</sup> November 2010 (the 'Prospectus') and I am aware of the risks associated with the investment therein. I acknowledge that these units are issued in accordance with the terms and conditions set out in the Prospectus and the Trust Deed dated 23<sup>rd</sup> November 2010 (the 'Trust Deed') made between ANSA Merchant Bank Limited as Sponsor and First Citizens Trustee Services Limited as Trustee, a copy of which is available for perusal on request.

**Please note that any person who makes a false declaration is liable on summary conviction to a fine or imprisonment or both such fine and imprisonment.**

**I understand that the Fund is neither insured with the Deposit Insurance Corporation in Trinidad & Tobago nor is it guaranteed by the Central Bank of Trinidad & Tobago or by any parties related thereto.**

##### CONFLICT OF INTEREST

I/We acknowledge receipt of the ANSA Merchant Bank Limited Conflict of Interest Statement (as may be updated from time to time).

I/We acknowledge the obligation of ANSA Merchant Bank Limited to inform of its relationships to Related Parties prior to its advising on the purchase or sale of securities.

Dated this day .....

SOLE/PRIMARY ACCOUNT HOLDER

SECONDARY ACCOUNT HOLDER

.....

.....

TERTIARY ACCOUNT HOLDER

QUATERNARY ACCOUNT HOLDER

.....

.....

#### 5 BANK USE ONLY

PORTFOLIO NUMBER

NUMBER OF UNITS

.....

.....

MANAGER'S NAME

MANAGER'S SIGNATURE

.....

.....

## FORM 23

### CONFLICT OF INTEREST RULES STATEMENT

Pursuant to By-law 67 of the Securities (General) By-Laws, 2015

#### 1. DETAILS OF FILING

ANSA MERCHANT BANK LIMITED \_\_\_\_\_ (Name of Registrant)

Date : 01/06/2021

This submission is being made pursuant to an Initial Registration	<input type="checkbox"/>
This submission is being made in accordance with By-Law 67(1) of the Securities (General) By-Laws, 2015	<input checked="" type="checkbox"/>
This submission is being made in accordance with By-Law 67(3) of the Securities (General) By-Laws, 2015	<input type="checkbox"/>

Under certain circumstances we may deal with or for you in securities transactions where we are the issuer of the securities or where the issuer of the securities is related to us. Since these transactions may create a conflict between our interests and yours, we are required to disclose to you which companies are related to us. This statement contains a general description of the required disclosure. A complete statement of the rules and the required disclosure is set out in Part VII of the Securities (General) By-Laws, 2015.

#### 2. IMPORTANT CONCEPTS

“Related Party”. A party is related to us if, through the ownership of, or direction or control over, voting securities, they exercise a controlling influence over us or conversely, we exercise a controlling influence over them.

#### 3. OUR LIMITATIONS

Limits on Acting as Your Broker. We are not permitted under the securities laws to trade on your behalf in a security issued by us or a Related Party as your broker unless, among other disclosure, we inform you of our relationship to the Related Party.

Limits on Acting as Your Investment Adviser. We are not permitted under the securities laws to provide you with investment advice in connection with a trade in a security issued by us or a Related Party unless we inform you of our relationship to the Related Party.

Limits on Our Discretionary Authority. If you have given us discretionary authority to conduct securities transactions over any of your accounts or your portfolio of securities, we are not permitted to exercise this discretionary authority to buy or sell securities issued by us or a Related

Party on your behalf unless we inform you of our relationship to the Related Party, and we obtain your written consent to our trading on your behalf of securities issued by a Related Party.

#### **4. OUR DISCLOSURE OBLIGATION TO YOU**

We must inform you of our relationships to Related Parties prior to our advising you on the purchase or sale of securities, or when you first become our client or customer, and thereafter we must inform you of any material changes to the required disclosure within thirty (30) days of our filing this statement with the Trinidad and Tobago Securities and Exchange Commission.

We must also inform you of our relationships to Related Parties in the confirmation of trade which we prepare and send to you each time we execute a securities transaction on your behalf.

#### **5. LIST OF RELATED PARTIES**

The following is a list as at 01/06/2021 of our Related Parties and their relationship to us. We will provide you with a revised version of this document if the list changes.

<b>Name of Related Parties</b>	<b>Relationship to us (indicate the specific item as per By-law 66(1) of the Securities (General) By-Laws, 2015)</b>
ANSA McAL	ULTIMATE PARENT OF ANSA MERCHANT BANK LIMITED
CONSOLIDATED FINANCE COMPANY LIMITED (BARBADOS)	SUBSIDIARY
TATIL LIFE ASSURANCE LIMITED	SUBSIDIARY
TRINIDAD AND TOBAGO INSURANCE LIMITED	SUBSIDIARY
ANSA BANK LIMITED	SUBSIDIARY
TRIDENT INSURANCE - BARBADOS	SUBSIDIARY OF TRINIDAD AND TOBAGO INSURANCE LIMITED
TATIL RE LIMITED - ST LUCIA	SUBSIDIARY OF TRINIDAD AND TOBAGO INSURANCE LIMITED

## 6. INDIVIDUAL CONTACT INFORMATION

If you have any questions, please contact

<b>Name (First, Middle, Last)</b>	ROBERT FERREIRA
<b>Position in Organization</b>	CORPORATE SECRETARY
<b>Work Phone (1-xxx-xxx-xxxx) Ext. (xxx)</b>	1-868-623-8672
<b>Fax Number (1-xxx-xxx-xxxx)</b>	1-868-624-8763
<b>Email Address</b>	ROBERT.FERREIRA@ANSAMCAL.COM

## 7. DATE, CERTIFICATION AND SIGNATURE

I hereby certify that the statement and information contained in this form and any attachment hereto are true and correct to the best of my knowledge and belief and submitted in compliance with the provisions of the Securities Act, 2012. I understand that any misrepresentation, falsification or material omission of information on this application may result in a breach of the Securities Act, 2012.

ROBERT I. FERREIRA

**Print Name**



**Signature of Chief  
Executive Officer or  
other duly  
authorized Senior  
Officer**

-CORPORATE SECRETARY

JUNE 17, 2021

**Date**

**End of Form**

**FOR OFFICIAL USE ONLY**

Tool	ID Information
Registrant's Number	
Director's Number	
Document / Record Number	
Record's Management Date Received (dd/mm/yyyy)	

Approved By : \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

