

# DECLARATION OF SOURCE OF FUNDS



MERCHANT BANK LIMITED

Complete all fields in BLOCK LETTERS ONLY

BRANCH [ ]	DEPARTMENT UNIT [ ]	TRANSACTION DATE [DD/MMM/YYYY] [ ]
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## CLIENT INFORMATION / BENEFICIARY ACCOUNT

LEGAL NAME / REGISTERED NAME [ ]	DATE OF BIRTH [DD/MMM/YYYY] [ ]
LEGAL ADDRESS [ ]	CONTACT NUMBER(S) [ ]

## DEPOSITOR INFORMATION / PERSON CONDUCTING TRANSACTION

LEGAL NAME [ ]	DATE OF BIRTH [DD/MMM/YYYY] [ ]
LEGAL ADDRESS [ ]	CONTACT NUMBER(S) [ ]

<input type="checkbox"/> PASSPORT [ ]	<input type="checkbox"/> NATIONAL ID [ ]	<input type="checkbox"/> DRIVER'S PERMIT [ ]
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## PAYMENT DETAILS

		ANSA MERCHANT BANK ACCOUNT NUMBER [ ]	
<input type="checkbox"/> CASH	\$ [ ]	<input type="checkbox"/> MUTUAL FUND	<input type="checkbox"/> FOREIGN EXCHANGE
<input type="checkbox"/> CHEQUE	\$ [ ]	<input type="checkbox"/> FIXED DEPOSIT	<input type="checkbox"/> SECURITIES INVESTMENT
<input type="checkbox"/> WIRE TRANSFER	\$ [ ]	<input type="checkbox"/> LOAN DEPOSIT	<input type="checkbox"/> BOND / T-BILL PURCHASE

## CUSTOMER DECLARATION [DOCUMENTARY EVIDENCE MAY BE REQUESTED]

I DECLARE THAT THE SOURCE OF FUNDS IS FROM THE PROCEEDS OF :

<input type="checkbox"/> SALE OF PROPERTY	<input type="checkbox"/> ATTORNEYS ESCROW ACCOUNT	<input type="checkbox"/> INVESTMENT AT OTHER BANK
<input type="checkbox"/> INHERITANCE/ TRUST FUND	<input type="checkbox"/> BUSINESS TRADE/ SERVICES	<input type="checkbox"/> OTHER [PLEASE SPECIFY]

PARTICULARS:

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Pursuant to the provisions of the Proceeds of Crime Act, 2000 (as amended), and the Anti-Terrorism Act ,2005 (as amended), it is the policy of this financial institution to be satisfied as to the source of funds prior to accepting deposits, or funds for transfer, or the purchase of any currency or instrument. The source of funds over TTD \$50,000 or its equivalent must also be declared to this institution. Consent is hereby given to disclose the information contained herein to Law Enforcement Agencies, if required.

SIGNATURE OF DEPOSITOR [ ]	NAME OF BANK OFFICER [ ]	SIGNATURE OF BANK OFFICER [ ]
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## FOR BANK USE ONLY

AUTHORISED BY [NAME IN BLOCK LETTERS] [ ]	MANAGER'S SIGNATURE [ ]	DATE [ ]
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<input type="checkbox"/> TRANSACTION ACCEPTED	<input type="checkbox"/> CUSTOMER REFUSED TO SIGN FORM
<input type="checkbox"/> TRANSACTION DECLINED	<input type="checkbox"/> OTHER [PLEASE SPECIFY] [ ]