

Know Your Customer Form



MERCHANT BANK LIMITED

Corporate Customers

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), ANSA Merchant Bank Limited is **mandated** to request the information contained therein.

SECTION 1 Details of Incorporation

- Registered / Legal Name _____
- Has the business operated previously under a different registered name? YES NO
- If yes, please state 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 (a summary of the company's activities):

SECTION 2 Commercial Information

- Please list the products and services provided by the company.

- Please indicate below the full staff complement of the company:
 0 employees 1 – 5 6 – 20 21 – 50 51 – 100
 101 – 150 151 – 200 201 - 500 501 – 1,000 1,000 +
- If the business operates with no employees, please provide an explanation below.

- Total Annual Sales Turnover \$ _____
- Total Assets Base \$ _____

SECTION 3 ¹Beneficial Ownership

- Are the shares in your company beneficially owned by persons other than the registered owner? YES NO
- Are the shares in the company publicly traded? YES NO
- If 'yes', please state the name of the stock exchange below:

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

- 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.
- Copies of IDs are not required for holders of Ordinary Shares issued in a Public Offering.

¹ A Beneficial Owner is an individual who:

- 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;
- 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
- 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.

1 st Beneficial Owner		2 nd Beneficial Owner	
Full Name			
Street Address			
City & Country			
Percentage Ownership			
Occupation			
Nationality			

3 rd Beneficial Owner		4 th Beneficial Owner	
Full Name			
Street Address			
City & Country			
Percentage Ownership			
Occupation			
Nationality			

5 th Beneficial Owner		6 th Beneficial Owner	
Full Name			
Street Address			
City & Country			
Percentage Ownership			
Occupation			
Nationality			

SECTION 4 ²Politically 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
- 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
- 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
- d. Have you ever been entrusted with a prominent function by an international organization either local or foreign? YES NO

If the response to any question (a – d) above is 'YES'; please indicate details below (BEN – Beneficial Owner, DIR – Company Director, SIG – Account Signatory)

1. Full Name (as per Government issued ID)

BEN DIR SIG

Details of PEP status

2. Full Name (as per Government issued ID)

BEN DIR SIG

Details of PEP status

3. Full Name (as per Government issued ID)

BEN DIR SIG

Details of PEP status

4. Full Name (as per Government issued ID)

BEN DIR SIG

Details of PEP status

² 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.

SECTION 5 Directors' Information

Full Name (First, Last Name)	Occupation
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

SECTION 6 Address Information

	a. Head Office/ Main Business Address	b. Correspondence/ Mailing Address
Building # / Apartment # / LP #	_____	_____
Street Name	_____	_____
City/ Town / Village	_____	_____
Country	_____	_____

SECTION 7 Connected Parties (if company is a subsidiary or affiliate in a Group of Companies)

Name of Parent Company _____

Address of Parent Company _____

Domiciled Country _____

Please list below, the Affiliated firms/ Subsidiaries if any

i. _____	v. _____
ii. _____	vi. _____
iii. _____	vii. _____
iv. _____	viii. _____

SECTION 8 Contact Information

Telephone # _____ Fax # _____

Email Address _____ Website _____

Facebook Page _____ Instagram _____

Details of Contact Person(s)	
Primary Contact	Secondary Contact
Contact Name	_____
Title/ designation	_____
Contact #	_____
Email address	_____

SECTION 9 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 10 Purpose of Business Relationship

Open/ Renew Fixed Deposit Local Securities Investment Apply for Loan Facility Advisory Services

Open Mutual Fund Foreign Currency Exchange Purchase Bond / T-Bill Syndication & Participation

Foreign Securities Investment Other (Please specify) _____

SECTION 11 Expected Source of Funds through Accounts

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

SECTION 12 Foreign Account Tax Compliance Act (FATCA) Information (tick yes where applicable to you)

1. Global Intermediary Identification Number (GIIN) - Required for Financial Institutions Only

□□□□□□ - □□□□□□ - □□ - □□□□

2. Kindly indicate your Chapter 4 Status (FATCA status)

- US person
- Specified US person
- Foreign individual
- Participating FFI
- Deemed-compliant FFI
- Restricted distributor
- Exempt beneficial owner
- Nonparticipating FFI
- Territory financial institution
- Excepted NFFE
- Passive NFFE

3. 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 Name Date (yyyy/mm/dd)
for beneficial owner

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 ³US 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 Name Date (yyyy/mm/dd)
for beneficial owner

Signature of **Compliance Officer** at Date (yyyy/mm/dd)
ANSA Merchant Bank Limited

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.

³ a partnership or corporation organized in the United States or under the laws of the United States or any State thereof

SECTION 13 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.
2. I/ We also agree that, if any such declarations made by me/us are found to be incorrect, intentionally misleading, or fabricated, then AMBL shall be entitled to terminate the account relationship.
3. 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.
4. 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

For Companies – signed by either the Chairman or Corporate Secretary.

For Partnerships – signed by persons authorised as per the company's existing Partnership Resolution

Company Seal / Stamp

SECTION 14 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)?

If yes, approval is required by the Compliance Officer or Alternate Compliance Officer

- 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. **Customer Risk Assessment Score**
- HIGH RISK MEDIUM RISK LOW RISK
- PEPH PEPM PEPL

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 signed

Manager (NAME IN BLOCK LETTERS)

Manager's Signature

Date signed