

# Know Your Customer Form

## Retail Customers



### PLEASE COMPLETE THIS 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.
- A separate Know Your Customer (KYC) form is required for each additional joint account holder.

### SECTION 1. Identity Information

Title / Prefix  Mr.  Mrs.  Ms.  Other (Specify) \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Given Name(s) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Last Name \_\_\_\_\_

Surname \_\_\_\_\_

Also Known As \_\_\_\_\_

Date of Birth <sup>dd-mmm-yyyy</sup> \_\_\_\_\_ Gender:  Male  Female

Marital Status  Single  Married  Divorced  Common law  Widow(er)

Nationality \_\_\_\_\_ Citizenship \_\_\_\_\_

Dual Citizenship?  YES  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

- Salary  Rental income  Gratuity  Pension  NIS payment
- Interest/ Dividends  Business profits  Capital gains  Royalties  Other

If other, please specify \_\_\_\_\_

### SECTION 6. Self-Employment Details

Trade/ Business Name \_\_\_\_\_

Nature of Business (Summary of commercial activity)

\_\_\_\_\_

\_\_\_\_\_

Business Address \_\_\_\_\_

Contact Details \_\_\_\_\_

(Telephone #)

(Fax #)

(Email Address)

Annual Earnings

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

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 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)

3. The following items may also be required

• Registration certificate (mandatory if business is registered)

• Professional licensure; required for:

i. Doctors

iii. Accountants

v. Taxi Operators (taxi badge)

ii. Lawyers

iv. Farmers (farmer's 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 7. Wage Employment Details

Employment Status

salaried worker

retiree / pensioner

unemployed

student / minor

Occupation \_\_\_\_\_

Job Title \_\_\_\_\_

Industry \_\_\_\_\_

Gross Monthly Income \_\_\_\_\_

(from all sources)

Salary frequency:

Monthly

Fortnightly

Weekly

Employer's Name \_\_\_\_\_

Employer's Address \_\_\_\_\_

## 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 \_\_\_\_\_

<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.

**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 US Green card or US Passport)  YES  NO
- b. A US address associated with an account holder  YES  NO
- c. A USA place of birth for an account holder  YES  NO
- d. A US "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
- f. Standing order instruction provided to transfer funds to an account maintained in the USA or directions received from a USA address  YES  NO
- g. Is 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/Signature of beneficial owner  
(or individual authorized to sign for beneficial owner)

.....  
Date

**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 the Compliance 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 \_\_\_\_\_

**SECTION 12. Customer Declaration & Consent**

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.

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 and regulatory authorities.

Account holder name \_\_\_\_\_ Date \_\_\_\_\_

Specimen Signature

**SECTION 13. For Bank Purposes Only**

1.  PROSPECTIVE CUSTOMER [Initial Screening]  EXISTING CUSTOMER [Retrospective screening] T24 CIF # \_\_\_\_\_

2. **NB. Compliance Approval is required for any customer in the categories below**  
 Please indicate which applies

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> POLITICALLY EXPOSED PERSON     | <input type="checkbox"/> REAL ESTATE AGENT <sup>b</sup> | <input type="checkbox"/> NOTARY <sup>c</sup>              |
| <input type="checkbox"/> FOREIGN RESIDENT <sup>a</sup>  | <input type="checkbox"/> LAWYER <sup>c</sup>            | <input type="checkbox"/> INFORMAL WORKER <sup>d</sup>     |
| <input type="checkbox"/> ESTATE EXECUTOR/ ADMINISTRATOR | <input type="checkbox"/> ACCOUNTANT <sup>c</sup>        | <input type="checkbox"/> INTRODUCED BUSINESS <sup>e</sup> |
| <input type="checkbox"/> POWER OF ATTORNEY              |   |   |

- 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
- e. Refers to business relationship established through an independent third party i.e power of attorney, lawyer, affiliate company

3. **Customer Risk Assessment Score** \_\_\_\_\_
- |                                    |                                      |                                   |
|------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> HIGH RISK | <input type="checkbox"/> MEDIUM RISK | <input type="checkbox"/> LOW RISK |
| <input type="checkbox"/> PEPH      | <input type="checkbox"/> PEPM        | <input type="checkbox"/> PEPL     |

4. Has the customer's identity been verified in line with the required standards and true copies of documents obtained?  
 YES  NO

Branch Address/ Location \_\_\_\_\_

Department Unit \_\_\_\_\_

Transaction Officer (NAME IN BLOCK LETTERS) \_\_\_\_\_

Officer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Manager (NAME IN BLOCK LETTERS) \_\_\_\_\_

Manager's Signature \_\_\_\_\_

Date \_\_\_\_\_

<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