

Know Your Customer Form - Corporate

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 (AMBL) 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?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please state name	
Company Type	
<input type="checkbox"/> Limited Liability	<input type="checkbox"/> Partnership
<input type="checkbox"/> State Enterprise	<input type="checkbox"/> Statutory Body
<input type="checkbox"/> Non-Profit Organisation	<input type="checkbox"/> Charitable Organisation
<input type="checkbox"/> Credit Union	<input type="checkbox"/> Government
<input type="checkbox"/> Financial Institution	<input type="checkbox"/> Club / Association
<input type="checkbox"/> Non-Government Organisation	<input type="checkbox"/> Pension Fund
Industry	
Nature of Business	
Products and services provided	
# of Employees	Annual Sales Turnover
Total Assets	
If the business operates with zero employees, please provide an explanation below.	

SECTION 2. Address Information	
Head Office/ Main Office	Correspondence Address
Address line 1	
Address line 2	
City/ Town	
Country	

SECTION 3. Contact Information	
Telephone #	
Facsimile #	
Email	
Website	
Facebook page	
Instagram page	
Primary Contact	Secondary Contact
Contact name	
Title/ Designation	
Telephone #	
Email address	

SECTION 4. ¹Beneficial Ownership

1. Are the shares in your company beneficially owned by persons other than the registered owner? Yes No
2. Are the shares in the company publicly traded? Yes No
3. If 'yes', please state the name of the stock exchange below:

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

a. The Company is required to submit copies of valid identification which are authenticated by the Corporate Secretary for any shareholder owning 10% or more of the company shares.

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

	1 st Beneficial Owner	2 nd Beneficial Owner
Full name		
Domiciled country		
% Ownership		
Occupation		
Nationality		

	3 rd Beneficial Owner	4 th Beneficial Owner
Full name		
Domiciled country		
% Ownership		
Occupation		
Nationality		

	5 th Beneficial Owner	6 th Beneficial Owner
Full name		
Domiciled country		
% Ownership		
Occupation		
Nationality		

	7 th Beneficial Owner	8 th Beneficial Owner
Full name		
Domiciled country		
% Ownership		
Occupation		
Nationality		

SECTION 5. ²Politically Exposed Person (PEP) Attestation (tick 'Yes' where applicable to you)

Please indicate whether the following is applicable to any of your beneficial owners, directors or signatories

- a) Have you ever been entrusted with a prominent public function, local or foreign (either currently or in the past) as stated below? Yes No

<input type="checkbox"/> Head of State	<input type="checkbox"/> Head of Government	<input type="checkbox"/> Senior Member of Legislature	<input type="checkbox"/> Military Official
<input type="checkbox"/> Senior Politician	<input type="checkbox"/> Senior Government Official	<input type="checkbox"/> Judicial Official	<input type="checkbox"/> Political Party Official
<input type="checkbox"/> Executive State-Owned Enterprise		<input type="checkbox"/> Prominent Position in an International Organisation	

- b) Are you an immediate family member (spouse, parent, sibling, child) or close personal or professional associate of anyone in the categories in 'a' above? Yes No

If the response to any question **a** or **b** above is 'YES'; please indicate the persons who are PEPs in the tables below.

PEP Full Name	
Details of PEP status	

¹ A Beneficial Owner is an individual who:

- a. 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;
- b. 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
- c. 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.

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.

PEP Full Name	
Details of PEP status	
PEP Full Name	
Details of PEP status	
PEP Full Name	
Details of PEP status	
PEP Full Name	
Details of PEP status	

SECTION 6. Directors' Information	
Director 1	
Full Name	
Occupation	
Nationality	
Director 2	
Full Name	
Occupation	
Nationality	
Director 3	
Full Name	
Occupation	
Nationality	
Director 4	
Full Name	
Occupation	
Nationality	
Director 5	
Full Name	
Occupation	
Nationality	
Director 6	
Full Name	
Occupation	
Nationality	
Director 7	
Full Name	
Occupation	
Nationality	
Director 8	
Full Name	
Occupation	
Nationality	
Director 9	
Full Name	
Occupation	
Nationality	
Director 10	
Full Name	
Occupation	
Nationality	

SECTION 7. Listed Business & Non-Regulated Financial Institutions	
1. Is the company a Non-Regulated Financial Institutions? i.e. any one of the following:	
a. Building society,	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Credit Union/ Co-operative Society	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Money or Value Transfer Service Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the company a Legal or Accounting firm involved in the following on behalf of clients?	
a. Buying and selling of real estate;	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Managing of client money, securities, and other assets;	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Management of banking, savings, or securities accounts;	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. Organisation of contributions for the creation, operation or management of companies;	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. Creation, operation or management of legal persons or arrangements, and buying or selling of business entities.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Is the customer involved in any of the following activities involving real estate?	
a. Buying and/ or selling or leasing land and any interest in land or any buildings thereon;	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the business involved in any of the activities listed below?	
Non-Profit Organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Lotteries/ Internet gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Intensive trade	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle Sales or Leasing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Jewelry dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No
Private Members Club	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gaming Houses/ Pool betting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Art Dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. If yes to any of the above in 1 - 4, the following documentation is required: (please indicate which are provided)	
<input type="checkbox"/>	Proof of Registration as a Listed Business/ Non-Regulated Financial Institution with the Financial Intelligence Unit of Trinidad & Tobago.
<input type="checkbox"/>	Confirmation letter indicating that a Compliance Program exists and is in line with the Proceeds of Crime Act, Chap: 11.27 (as amended)

SECTION 8. Related Party Disclosure (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	

SECTION 9. Connected Party Information	
Are any of the controlling persons of the business entity also a shareholder with more than 10% shares in ANSA Merchant Bank Ltd or its ³ subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	
Are any of the controlling persons of the business entity also a Director or ⁴ Officer of ANSA Merchant Bank Ltd or its subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	

SECTION 10. Expected Source of Funds through Accounts				
<input type="checkbox"/> Trade Business	<input type="checkbox"/> Service Fees	<input type="checkbox"/> Interest/ Dividends	<input type="checkbox"/> Rental Income	<input type="checkbox"/> Asset disposal
<input type="checkbox"/> Donations	<input type="checkbox"/> Loan Proceeds	<input type="checkbox"/> Capital Gains	<input type="checkbox"/> Subsidiaries	<input type="checkbox"/> Other
Please specify other				

SECTION 11. Purpose of Business Relationship		
<input type="checkbox"/> open mutual fund	<input type="checkbox"/> apply for loan facility	<input type="checkbox"/> local market securities investment
<input type="checkbox"/> open/ renew fixed deposit	<input type="checkbox"/> foreign currency exchange	<input type="checkbox"/> foreign market securities investment
<input type="checkbox"/> open demand deposit	<input type="checkbox"/> purchase bond / treasury bill	<input type="checkbox"/> other (please specify below)

SECTION 12. Foreign Account Tax Compliance Act (FATCA) Information (tick 'yes' where applicable to you)														
<p>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.</p>														
<p>1. Global Intermediary Identification Number (GIIN) - Required for Financial Institutions Only</p> <p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> </p>														
<p>2. Kindly indicate your Chapter 4 Status (FATCA status) below.</p> <table border="1"> <tr> <td><input type="checkbox"/> US person</td> <td><input type="checkbox"/> Participating FFI</td> <td><input type="checkbox"/> Exempt beneficial owner</td> <td><input type="checkbox"/> Excepted NFFE</td> </tr> <tr> <td><input type="checkbox"/> Specified US person</td> <td><input type="checkbox"/> Deemed-compliant FFI</td> <td><input type="checkbox"/> Nonparticipating FFI</td> <td><input type="checkbox"/> Passive NFFE</td> </tr> <tr> <td><input type="checkbox"/> Foreign individual</td> <td><input type="checkbox"/> Restricted distributor</td> <td><input type="checkbox"/> Territory financial institution</td> <td></td> </tr> </table>			<input type="checkbox"/> US person	<input type="checkbox"/> Participating FFI	<input type="checkbox"/> Exempt beneficial owner	<input type="checkbox"/> Excepted NFFE	<input type="checkbox"/> Specified US person	<input type="checkbox"/> Deemed-compliant FFI	<input type="checkbox"/> Nonparticipating FFI	<input type="checkbox"/> Passive NFFE	<input type="checkbox"/> Foreign individual	<input type="checkbox"/> Restricted distributor	<input type="checkbox"/> Territory financial institution	
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<input type="checkbox"/> Foreign individual	<input type="checkbox"/> Restricted distributor	<input type="checkbox"/> Territory financial institution												
<p>US Status Evaluation Criteria</p> <p>3. Is the business a US territory entity?</p> <ul style="list-style-type: none"> The entity is organised in a US territory. 	<p>Response</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If "Yes", submit</p> <p>Form W-8BENE from the entity + Form W-9 for each controlling person who is US citizen/ US resident</p>												
<p>4. Is the business a non-US entity? Does it satisfy all the statements below?</p> <ul style="list-style-type: none"> Incorporated outside USA Has no US status indicators All controlling persons of the entity are non-US persons (not US citizens or tax residents) 	<p>Response</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>No additional documents required</p>												
<p>5. Is the business an "Active" Non-Financial Foreign Entity (NFFE)?</p>	<p>Response</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>No additional documents required</p>												

³ ANSA Merchant Bank Limited subsidiaries include ANSA Securities Limited, ANSA Bank Limited, ANSA Merchant Bank (Barbados) Limited, Trinidad and Tobago Insurance Limited, TATIL Life Assurance Limited and Colonial Fire & General Insurance Company Limited.

⁴ 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.

<p>The term 'Active NFFE' generally refers to an entity that operates an active trade or business other than that of a financial business. If less than 50% of its gross income for the preceding calendar year is passive income and less than 50% of the weighted average percentage of assets (tested quarterly) held by it are assets that produce or are held for the production of passive income (i.e., dividends, interest, annuities etc.)</p>		
<p>6. Is the business a US Owned "Passive" Non-Financial Foreign Entity (NFFE)? "Passive" NFFE with one or more person owning 10% of the shares or ownership of the entity is a US citizen/ green card holder or tax resident. A Passive NFFE is any non-financial foreign entity that is not an Active NFFE. Typically, it earns most of its income (at least 50%) from passive income/sources. These sources include interest income, interest equivalent to income, capital gain, dividends, certain rentals (except if derived from the active conduct of a business by employees), royalties, annuities, sale of financial assets/ transactions, excess foreign currency gains, certain commodity gains, amounts from cash value insurance contracts or insurance company earnings from reserves.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Form W-8BENE from the entity + Form W-9 for each controlling person who is US citizen/ US resident

A. FATCA CERTIFICATION FOR NON-US PERSONS

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:

1. 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.
2. The person identified on the line entitled Legal Name is not a US person.
3. 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
4. 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 (in block letters) Date (dd/mmm/yyyy)
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 FOR US PERSONS

I certify that:

1. The Global Intermediary Identification Number (GIIN) is correct and
2. I am a U.S. person
3. I have completed an Internal Revenue Service (IRS) US Form W-9 Yes No
4. 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 (dd/mmm/yyyy)
for beneficial owner

.....
Signature of Compliance Officer at Date (dd/mmm/yyyy)
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.

SECTION 13. Customer Consent

I/ We also agree that ANSA Merchant Bank Limited can disclose the contents of this application and other related information and transactions on accounts linked to me/us to any current or future financial services companies which are subsidiaries of AMBL including ANSA Securities Limited, ANSA Bank Limited, ANSA Merchant Bank (Barbados) Limited, Trinidad and Tobago Insurance Limited, TATIL Life Assurance Limited and Colonial Fire & General Insurance Company Limited.

Please check the box if you DO NOT wish to have your information shared with any subsidiaries of ANSA Merchant Bank Limited

SECTION 14. Customer Declaration

- I/ We declare that the information provided 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.
- 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.
- 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 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.

.....
 Name (in block letters) and Signature

.....
 Company Stamp/ Seal

.....
 Date Signed

SECTION 15. Notary Acknowledgement (required only if domiciled outside of Trinidad & Tobago)

SECTION 16. For Bank Purposes Only

1.

Prospective Customer	Existing Customer	T24 Customer ID	
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2. Compliance Approval is required for any customer in the categories below.

Non-Profit Organisation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Jewelry dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No
National Lotteries/ Internet gambling	<input type="checkbox"/> Yes <input type="checkbox"/> No	Private Members Club	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cash Intensive trade	<input type="checkbox"/> Yes <input type="checkbox"/> No	Gaming Houses/ Pool betting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Motor Vehicle Sales or Leasing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Art Dealer	<input type="checkbox"/> Yes <input type="checkbox"/> No
State Owned Enterprise	<input type="checkbox"/> Yes <input type="checkbox"/> No	Credit Union	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real estate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Money/ Value Transfer Service Provider	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Customer Risk Assessment

Risk Rating	% Score	Risk Rating	% Score	Risk Rating	% 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

.....
 Txn Officer (Name in block letters)

.....
 Officer's Signature

.....
 Date

.....
 Manager (Name in block letters)

.....
 Manager's Signature

.....
 Date