

**Personal Customer Information Form**
**FOR OFFICIAL USE ONLY**

SBS Account # \_\_\_\_\_

DEPEND Account # \_\_\_\_\_

**Customer Type**

- Account Owner(s)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	- Third Party Signatory	Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Note:** Third Party Signatories are required to complete Section A (Parts I & II **only**), and must sign the form.

**SECTION A – To be completed by ALL Individuals**
**(I) Personal Information - Please note that additional documents may be required based on information provided**

First Name	Middle Name	Surname
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The Residential address on Client Agreement Form **must** be supported by one of the following **original** documents:  
(please indicate which is presented)

Water Bill     Electricity Bill     Telephone (landline) Bill     Cable Bill     Other <sup>1</sup>

**Note:** The document submitted must be dated within the last three (3) months. E-bills / paperless bills are acceptable. .

Contact Information:	Home	Work	Cell	E-mail address
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Relationship to Primary Account Holder (E.g. spouse, child, sibling, grand-parent etc.)	Date of Birth (dd/mm/yyyy)	Place of Birth
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	<input type="checkbox"/> Common Law <input type="checkbox"/> Widow/Widower

**(II) Identification Information: Please provide details of any one (1) valid form of identification that shows nationality**

Form of Identification	Identification Number	Expiry Date
<input type="checkbox"/> National Identification Card	_____	_____
<input type="checkbox"/> Passport	_____	_____
<input type="checkbox"/> Driver's Permit <sup>2</sup>	_____	_____

**Note:** **Original** and **valid** forms of Identification **must** be presented upon submission of this application

**(III) Employment Information**

Employed                      Occupation \_\_\_\_\_

Retired                          Previous Occupation \_\_\_\_\_

Other (e.g. Student/Housewife/Unemployed)<sup>3</sup> \_\_\_\_\_

**If Employed / Retired please provide the following information:**

(a) Name of Current / Previous Employer \_\_\_\_\_

(b) Employer's /Previous Employer's Address \_\_\_\_\_

(c) Salary / Pension Amount                      \$ \_\_\_\_\_

(d) Frequency of Salary / Pension / Income     Daily     Weekly     Fortnightly     Monthly

**Note:** The above information **must** be supported by a job letter **OR** pay slip dated within the last three (3) months, where applicable.  
For Pensioners, bank statements for the last three (3) months can be provided as proof of income.

<sup>1</sup> Lease agreement & recent receipt or letter from landlord/bill holder addressed to the Brokerage or Checking Register of Electors on EBC Website or where the address is temporary due to short term assignments, a copy of the contract of employment or written confirmation of the customer's address from their employer, on the company's letterhead.

<sup>2</sup> Drivers Permit must be accompanied by document that identifies nationality – e.g. birth certificate, valid passport or national identification

<sup>3</sup> Evidence of funding required (1) letter from spouse / parent confirming they will fund account (2) copy of spouse / parent's National Identification (3) a copy of spouse / parent's job letter or pay slip. (4) Students must also provide proof of enrollment in institution.

(e) If Self-employed, what is the nature of your business? : \_\_\_\_\_

(f) Place of Business : \_\_\_\_\_

(g) Self-employed individuals, please provide the following: *(please indicate which is presented)*

- Certificate of Registration (for registered entities)
- Statement of Affairs Form (personal assets & liabilities) &
- Income and Expenditure Form (personal monthly income & expenses) &
- Up-to-date Audited Financial Statements (for the last three (3) years ) **OR**  Management Accounts (for the last three (3) years)<sup>4</sup>
- For a start-up entity<sup>5</sup>: An opening Balance Sheet & Cash Flow projections (for the next three (3) years)

**(IV) Other**

(a) Purpose for opening account \_\_\_\_\_  
*(E.g. Investment, inheritance, IPO, etc.)*

(b) How will this account be funded? \_\_\_\_\_  
*(E.g. salary, pension, inheritance, put-through etc.)*

(c) Estimated **initial** investment \$ \_\_\_\_\_  
*(For Deposit of Share Certificates and Put-Through's only)*

(d) Estimated **annual** Level of activity \$ \_\_\_\_\_

(e) Will there be a Power of Attorney on this account? Yes  No

If yes, (i) Please provide the Power of Attorney Deed or a notarized letter signed by the account holder granting the third party access.

(ii) Please have the Power of Attorney complete a separate Personal Customer Information Form.

(f) Have you been entrusted with a local/foreign public function within the past two (2) years<sup>6</sup>? Yes  No   
*(Examples of Public Functions include: Head of State/Government, Senior Government Official<sup>7</sup>, Senior Politician<sup>8</sup>, Senior Executive of State-owned corporations<sup>9</sup>, Military Official, Judicial Official, Important Political Party Officials<sup>10</sup>, Senior Official of an International Organization)*

(g) Are you a close relative of someone who was entrusted with a local/foreign public function within the past two years? *(Close relative refers to parents, siblings, spouse, children and step-children)* Yes  No

(h) If yes to (f), please indicate the public function and term of service. If yes to (g), please indicate the person's name, position, term of service and your relation to them \_\_\_\_\_

**(V) Financial Information & Objectives**

(a) NET WORTH	(b) ESTIMATED ANNUAL INCOME	(c) SELF EMPLOYED – ESTIMATED ANNUAL TURNOVER
<input type="checkbox"/> Under \$50K	<input type="checkbox"/> Under \$50K	<input type="checkbox"/> Under \$50K
<input type="checkbox"/> \$51K - \$100K	<input type="checkbox"/> \$51K - \$100K	<input type="checkbox"/> \$51K - \$100K
<input type="checkbox"/> \$101K - \$250K	<input type="checkbox"/> \$101K - \$250K	<input type="checkbox"/> \$101K - \$250K
<input type="checkbox"/> \$251K - \$500K	<input type="checkbox"/> \$251K - \$500K	<input type="checkbox"/> \$251K - \$500K
<input type="checkbox"/> \$501K - \$750K	<input type="checkbox"/> \$501K - \$750K	<input type="checkbox"/> \$501K - \$750K
<input type="checkbox"/> \$751K - \$1M	<input type="checkbox"/> \$751K - \$1M	<input type="checkbox"/> \$751K - \$1M
<input type="checkbox"/> \$1M - \$2.5M	<input type="checkbox"/> \$1M - \$2.5M	<input type="checkbox"/> \$1M - \$2.5M
<input type="checkbox"/> \$3M - \$5M	<input type="checkbox"/> \$3M - \$5M	<input type="checkbox"/> \$3M - \$5M
<input type="checkbox"/> \$6M - \$8M	<input type="checkbox"/> \$6M - \$8M	<input type="checkbox"/> \$6M - \$8M
<input type="checkbox"/> Over \$8M	<input type="checkbox"/> Over \$8M	<input type="checkbox"/> Over \$8M

<sup>4</sup> Only in exceptional instances where no financials are available will we accept either a Bankers Reference or three (3) months of Bank statements.

<sup>5</sup> Start-up entity refers to entities which have been in operation for less than three (3) years.

<sup>6</sup> Before a PEP is Downgraded/On-Boarded as low risk consider – (i) The seniority of the position that the individual held as a PEP; (ii). Whether the individual's previous and current function are linked in any way (e.g., his involvement in the appointment of his successor); (iii). Whether the PEP continues to deal with the same substantive matters and the level of influence that the individual may still exercise.

<sup>7</sup> Senior Government Official – Permanent Secretary or an individual holding equivalent positions in a foreign country

<sup>8</sup> Senior Politician – Senators, Ministers of Parliament, Mayors

<sup>9</sup> Senior Executive of State-owned corporations – Chairman, Deputy Chairman, President or Vice President of the Board of Directors, Managing Director, General Manager, Comptroller, Secretary, Treasurer

<sup>10</sup> Important Political Party Official – Chairman, Deputy Chairman, Secretary, Treasurer

- (a) Primary Source Of Net Worth: \_\_\_\_\_
- (b) Total Value of Liabilities \_\_\_\_\_
- (c) Expenditure (Monthly) \_\_\_\_\_
- (d) Your Investment Risk Profile: Low  Moderate  Speculative  High Risk
- (e) Your Overall Investment Objectives: Income  Long-Term Growth  Short-Term Growth

**(VI) Bank Information (For Non TTSE Trades only)**

- (a) Name & Address of Bank \_\_\_\_\_
- (b) Account Number \_\_\_\_\_

**(VII) Rule/Policy Attachments & Fees / Charges**

Did you receive a copy of the following policies; and did you obtain an explanation on fees & charges?

Conflict of Interest Rule	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fairness in Allocation Policy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the fee structure / transaction charges explained?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

\_\_\_\_\_

Customer's Initial

**3. SECTION B – To be completed by Non-Residents/Non-Nationals only**

The following additional documentation is required: (please indicate which are provided)

- Foreign Banker's Reference / Bank statement from foreign bank no older than three (3) months <sup>11</sup>
- Utility Bill confirming permanent foreign address (if different from the residential address provided in Section A)
- Work Permit /  CSME Certificate /  Other official document granting permission for employment  
 Missionary Permit /  Student Permit /  Letter of enrollment or acceptance from Institution in Trinidad & Tobago  
*(for Students only) (for Students only)*

**Please note that additional documents may be required based on information provided**

***I confirm that the information provided on this form is true and correct.***

-----  
Customer's Signature / Third Party Signature

-----  
Date (dd/mm/yyyy)

<sup>11</sup> Foreign Bankers Reference is not required where a non-national has proof of legal status (e.g. Certificate of Immigration Status, Certificate of Registration) and has been residing in Trinidad & Tobago for five (5) continuous years.

**FOR OFFICIAL USE ONLY**

**4 . Check List – Documents / Forms**

- Client Agreement	Yes <input checked="" type="checkbox"/>	- Risk Disclosure Statement (Form)	Yes <input checked="" type="checkbox"/>
- Personal Customer Information Form (KYC)	Yes <input checked="" type="checkbox"/>	- Conflict of Interest Rules Statement	Yes <input checked="" type="checkbox"/>
- Utility Bill <i>(dated within the last three (3) months)</i>	Yes <input checked="" type="checkbox"/>	- Policy re: Allocation of Investment Opportunity	Yes <input checked="" type="checkbox"/>
- Authorization Letter / Other Proof (for proof of address where required) <sup>1</sup>	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	- Customer Risk Rating Form (AML 5)	Yes <input type="checkbox"/>
- Valid National Identification	Yes <input checked="" type="checkbox"/>	- Source of Funds Declaration	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
- Proof of Income / Financials	Yes <input type="checkbox"/>	- Bank Statement	Yes <input type="checkbox"/>
- TTCD Mandate	Yes <input checked="" type="checkbox"/>	- Dow Jones/Actimize WLF Scan	Yes <input checked="" type="checkbox"/>
- FATCA 1 A - Declaration of U.S. Status Form	Yes <input checked="" type="checkbox"/>	- Notary Public Seal / Stamp Required	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
- Any other document e.g. 3 <sup>rd</sup> party documentation / Will & Probate / Work Permit / Certificate of Immigration Status / Copy of Share Certs etc.	Yes <input type="checkbox"/> N/A <input type="checkbox"/>	- Notary Public's Contact Information (address, e-mail, tel. number, etc.)	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

**5 . Is Enhanced Due Diligence (EDD) Required?**

Yes  No

*If yes, please ensure that the respective EDD is performed (see below for details).*

- Has the Client's Account been appropriately flagged as High Risk?	Yes <input type="checkbox"/>
- Bankers Reference/ Bank Statements three months (if applicable) obtained?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
- For PEPs / PEP-A's was AML 10 <b>OR</b> SOA (ADV9) <b>and</b> I&E (ADV9A) obtained?	Yes <input type="checkbox"/>
- Senior Manager's approval obtained?	Yes <input type="checkbox"/>
- Client's Relatives listed on AML10 Form – Do they have a Brokerage Account with us?	Yes <input type="checkbox"/> NO <input type="checkbox"/>
- If Yes to above, was their Brokerage Account Flagged as High Risk?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
- Evidence of POA / Trustee appointment obtained?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>
- Evidence of POA / Trustee's Identity obtained?	Yes <input type="checkbox"/> N/A <input type="checkbox"/>

ADDITIONAL COMMENTS: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

.....  
 Financial Advisor      Date (dd/mm/yyyy)

.....  
 Brokerage Manager      Date (dd/mm/yyyy)

.....  
 Input Clerk      Date (dd/mm/yyyy)

.....  
 Supervisor (Input Verification-Depend) Date (dd/mm/yyyy)

.....  
 Supervisor (Next Day Audit- SBS) Date (dd/mm/yyyy)