Republic Wealth Management Limited

Personal Customer Information Form

FOR OFFICIAL USE ONLY

SBS Account # _____ DEPEND Account # _____

Customer Type

- Account Owner(s)	Yes ☐ No ☐	- Third Party Signatory	Yes ☐ No ☐

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 _____

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* ☐ Local Bank Statement ☐ *Other* [1]

Note: The document submitted must be dated within the last six (6) months. E-Statements are acceptable. Local Bank Statements must be on the intitutions letterhead.

Contact Information: **Home** _____ **Work** _____ **Cell** _____ **E-mail address** _____

Relationship to Primary Account Holder (E.g. spouse, child, sibling, grand-parent etc.) _____

Date of Birth (dd/mm/yyyy) _____

Place of Birth _____

Gender ☐ Male ☐ Female

Marital Status ☐ Single ☐ Married ☐ Common Law ☐ Divorced ☐ 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***
☐ National Identification Card	_____	_____
☐ Passport	_____	_____
☐ Driver's Permit[2]	_____	_____

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)[3] _____

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.*

[1] 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.

[2] Drivers Permit must be accompanied by document that identifies nationality – e.g. birth certificate, valid passport or national identification

[3] 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[4]
☐ For a start-up entity[5]: 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[6]? Yes☐ No☐
(Examples of Public Functions include: Head of State/Government, Senior Government Official[7], Senior Politician[8],Senior Executive of State-owned corporations[9],Military Official, Judicial Official, Important Political Party Officials[10], 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 _____

_____

(i) Associated Businesses of the PEP

1	☐ *Owner* ☐ *Director*	☐ *Shareholder* ☐ *Signatory*	Name: Address:		
2	☐ *Owner* ☐ *Director*	☐ *Shareholder* ☐ *Signatory*	Name: Address:		

[4] Only in exceptional instances where no financials are available will we accept either a Bankers Reference **or** three (3) months of Bank statements.

[5]Start-up entity refers to entities which have been in operation for less than three (3) years.

[6] 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.

[7] Senior Government Official – Permanent Secretary or an individual holding equivalent positions in a foreign country

[8] Senior Politician – Senators, Ministers of Parliament, Mayors

[9] 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

[10] Important Political Party Official – Chairman, Deputy Chairman, Secretary, Treasurer

(V) Financial Information & Objectives

(i) **NET WORTH**	(ii) **ESTIMATED ANNUAL INCOME**	(iii) **SELF EMPLOYED – ESTIMATED ANNUAL TURNOVER**
☐ Under $50K	☐ Under $50K	☐ Under $50K
☐ $51K - $100K	☐ $51K - $100K	☐ $51K - $100K
☐ $101K - $250K	☐ $101K - $250K	☐ $101K - $250K
☐ $251K - $500K	☐ $251K - $500K	☐ $251K - $500K
☐ $501K - $750K	☐ $501K - $750K	☐ $501K - $750K
☐ $751K - $1M	☐ $751K - $1M	☐ $751K - $1M
☐ $1M - $2.5M	☐ $1M - $2.5M	☐ $1M - $2.5M
☐ $3M - $5M	☐ $3M - $5M	☐ $3M - $5M
☐ $6M -$8M	☐ $6M -$8M	☐ $6M -$8M
☐ Over $8M	☐ Over $8M	☐ Over $8M

(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☐	No☐
Fairness in Allocation Policy	Yes☐	No☐
Was the fee structure / transaction charges explained?	Yes☐	No☐

_____

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)

1. ☐ Foreign Banker's Reference / Bank statement from foreign bank no older than three (3) months [11]
2. ☐ Utility Bill confirming permanent foreign address (if different from the residential address provided in Section A)
3. ☐ 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.

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Customer's Signature / Third Party Signature Date (dd/mm/yyyy)

[11] 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.

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4 . Check List – Documents / Forms

- Client Agreement	Yes ☐	- Risk Disclosure Statement (Form)	Yes ☐
- Personal Customer Information Form (KYC)	Yes ☐	- Conflict of Interest Rules Statement	Yes ☐
Proof of Address Utility Bill / Bank Statement (***dated within the last six (6) months)***	Yes ☐	- Policy re: Allocation of Investment Opportunity	Yes ☐
- Authorization Letter / Other Proof (for proof of address where required)[1]	Yes ☐ N/A ☐	- Customer Risk Rating Form (AML 5)	Yes ☐
- Valid National Identification	Yes ☐	- Source of Funds Declaration	Yes ☐ N/A ☐
- Proof of Income / Financials	Yes ☐	- Bank Statement (Original /E-Statements)	Yes ☐
- TTCD Mandate	Yes ☐	- Dow Jones/Actimize WLF Scan	Yes ☐
- FATCA 1 A - Declaration of U.S. Status Form	Yes ☐	- Notary Public Seal / Stamp Required	Yes ☐ N/A ☐
- Any other document e.g. 3rd party documentation / Will & Probate / Work Permit / Certificate of Immigration Status / Copy of Share Certs etc.	Yes ☐ N/A ☐	- Notary Public's Contact Information (address, e-mail, tel. number, etc.)	Yes ☐ N/A ☐

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

ADDITIONAL COMMENTS: _____

_____

_____

_____

_____

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

……
Operations Supervisor / 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)