

**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 Bank Limited (ABL) is **mandated** to request the information contained therein.

SECTION 1.0 Account Type			
Branch		Date	
Account Number (Bank use only)	Account Number (Bank use only)	Product Class (Bank use only)	
Product/ Service required			
<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Fixed Deposit	
<input type="checkbox"/> Cheque Book	<input type="checkbox"/> ATM/ Debit Card	<input type="checkbox"/> Online Banking	
Purpose of account			
Expected Monthly Deposit			
Sources of Deposits			
Number / Frequency of Expected Deposits			
Please indicate how you would like to receive account statements:			
<input type="checkbox"/> Send via email:.....			

SECTION 1.1 Main Applicant Information			
Title	Given Name(s)	Surname	
CIF # (Bank use only)	Date of Birth	Gender	Marital Status
		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality	Citizenship	Other Citizenship	
ID Type	ID Number	Issue Date	Expiry date
Residence Street Address	City/ Town	Country of Residence	
Mobile Number	Home Number	Work Number	
Email Address			
Employment status	Gross Income	Salary frequency	
<b>Current Employer</b>		<b>Previous Employer (if at current employer &lt;2years)</b>	
Occupation			
Employer's Name			
Street Address			
City/ Town			
Period of Employment	From:	To: present date	From: To:
<b>Primary Reference</b>		<b>Secondary Reference</b>	
Full Name			
Street Address			
City/ Town			
Telephone Contact			
Relationship			

**SECTION 1.2** Joint Applicant Information

Title	Given Name(s)	Surname	
CIF # (Bank Use Only)	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Nationality	Citizenship	Other Citizenship	
ID Type	ID Number	Issue Date	Expiry date
Residence Street Address	City/ Town	Country of Residence	
Mobile Number	Home Number	Work Number	
Email Address			
Employment status	Gross Income	Salary frequency	
<b>Current Employer</b>		<b>Previous Employer</b> (if at current employer <2years)	
Occupation			
Employer's name			
Street Address			
City/ Town			
Period of employment	From	to current date	From To
<b>Primary Reference</b>		<b>Secondary Reference</b>	
Full Name			
Street Address			
City/ Town			
Telephone Contact			
Relationship			

**SECTION 1.3** Self-Employment Details (Omit this section if not applicable)

Name of Business			
Nature of Business			
1. List of products and services provided by the company.			
Business address			
Business #	Fax #	Email	
Last annual earnings	Last Annual Profit	# of employees	
2. Are you an <b>Attorney-at-law, Accountant or Independent Legal Professional</b> 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. Are you involved in any of the following activities involving **real estate**?

- Buying and/ or selling or leasing land and any interest in land or any buildings thereon;	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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4. Are you involved in any of the activities listed below?  Yes  No

<input type="checkbox"/> Internet Gambling	<input type="checkbox"/> Motor Vehicle Sales or Leasing	<input type="checkbox"/> Gaming Houses
<input type="checkbox"/> National Lotteries	<input type="checkbox"/> Jewellery dealer	<input type="checkbox"/> Art Dealer
<input type="checkbox"/> Cash Intensive trade	<input type="checkbox"/> Pool Betting	

5. If the answer to any question from 2 – 4 above is yes, then the following is required: (please indicate which are provided)

<input type="checkbox"/> Proof of Registration with 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

6. The following items may also be required

- Registration certificate (mandatory if business is registered)
- Professional licensure required for doctors, lawyers, accountants, farmers (farmer’s badge), taxi operators (taxi badge) and 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 (if applicable)

**SECTION 1.4 Guardian Consent (Required if Applicant is a Minor)**

Father *	Mother *	Legal Guardian**

\* (Father or Mother) Submit document evidencing relationship with minor  
 \*\* (Court appointed Guardian) In case of Legal Guardian, please submit attested copy of the court appointment letter, affidavit etc. to support

I shall represent the said minor in all future transactions of any description in the above account until the said minor attains the age of eighteen. I will indemnify the Bank against the claim of the above minor of any withdrawal/ transactions made by me in his/her account.

.....  
 Signature

**SECTION 1.5 Politically Exposed Person (PEP) Attestation (tick ‘Yes’ where applicable to you)**

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	

If yes, please provide details

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 yes, please provide details

**SECTION 1.6 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) Are you a permanent resident of the United States of America (USA) or a USA Citizen (i.e. Holder of a US Green card or US Passport)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) Do you possess a US mailing address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) Was your place of birth in the USA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d) Do you have a US “in care of” or “hold mail” address or a P.O. address as your primary address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
e) Have you granted a power of attorney or signatory authority to a person with a USA address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
f) Have you provided standing order instructions to transfer funds to an account maintained in the USA or directions received from a USA address?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**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 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 the declaration.**

I agree that ANSA 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

\*\*\*\*\*Please obtain approval of the Compliance Officer\*\*\*\*\*

**SECTION 1.7 Connected/ Related Party Information**

Are you a major shareholder, partner or director in a business entity that is an existing customer of ANSA Bank Ltd?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	
Are you a Director/ <sup>1</sup> Officer of any company in the ANSA McAl Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	
Are you a spouse (including common law), parent, sibling, child or spouse's child of a Director/ Officer of any company in the ANSA McAl Group?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details	

**SECTION 1.8 Signing Authority**

<b>Signing Instructions</b> <input type="checkbox"/> Singly / <input type="checkbox"/> Any two jointly / <input type="checkbox"/> All jointly	
Name of Primary Account Holder	Signature of Primary Account Holder
Name of Joint Account Holder	Signature of Joint Account Holder
Name of Joint Account Holder	Signature of Joint Account Holder
Name of Joint Account Holder	Signature of Joint Account Holder

<sup>1</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

**SECTION 1.9 Debit Card Undertaking**

I wish to apply for ANSA Bank Limited Debit Card.

- I authorize ANSA Bank Limited to issue a Debit ATM Card to me.
- I further unconditionally and irrevocably authorize you to debit my account annually for Debit Card fees/charges.

I confirm that I am the sole account holder or have the required mandate to operate the account linked to the Debit Card singly and that I am older than 18 years of age. I acknowledge that the PIN must not be shared and indemnify ABL from any issues that may occur if I divulged my PIN. I accept the responsibility for my Debit Card and agree not to make and claims against ANSA Bank Limited in respect thereto.

Signature of Main Applicant	Date signed	Signature of Joint Applicant	Date signed

**SECTION 1.10 Terms & Conditions and Customer Declaration (Please tick boxes)**

<input type="checkbox"/>	1. I/We wish to be informed about the various features/ products and promotional offers made by the Bank from time to time.
<input type="checkbox"/>	2. Please issue cheque book and recover charges from my/ our account.
<input type="checkbox"/>	3. I/We have read, understood and agree to abide by the Bank's rules relating to the conduct of the above accounts /services / products which are displayed on the website and contained in the brochures of the Bank. Account will be operated and balance along with interest payable as per operational instructions given above.
<input type="checkbox"/>	4. I/We understood that in the event of the death of the depositor(s), premature termination of term deposit would be allowed without any penal charges to the claimant(s) after following the due procedure.
<input type="checkbox"/>	5. I/We also agree to maintain the minimum/ average quarterly balance which the Bank may prescribe as the minimum balance to be maintained and any other charges stipulated by the Bank. I/We understand that any charges in this respect will be noticed by the Bank on its website and also will be displayed on the notice board of the branches one month in advance.
<input type="checkbox"/>	6. I/We confirm I/ We will not commit one or any of commingling indicators, I/We understand that the practice of commingling is prohibited under the Proceeds of Crime Act No. 55 of 2,000. I/We understand that ANSA Bank Limited, in its sole discretion, is at liberty to terminate the said account should I/We be in breach of any commingling indicators.
<input type="checkbox"/>	7. I/We confirm that I/We was/were entirely free to have this document reviewed and be independently advised as to the content and legal effect. I/We confirm same was not required.
<input type="checkbox"/>	8. I/ We also agree that ANSA Bank Limited can disclose the contents of this application and other related information and transactions on accounts linked to me/us to ANSA Merchant Bank Ltd (AMBL) and any current or future financial services companies which are subsidiaries of AMBL including ANSA Securities Limited, ANSA Merchant Bank (Barbados) Limited, Trinidad and Tobago Insurance Limited, TATIL Life Assurance Limited and Colonial Fire & General Insurance Company Limited.
<input type="checkbox"/>	9. I/ We understand that approval of this application is contingent on verification of all information given and authorize ABL to obtain and share further information with credit bureaus and other credit grantors as permitted by law.
<input type="checkbox"/>	10. I/ We understand that TTD deposits are insured with the Deposit Insurance Corporation, for each account up to TT\$200,000.00 and apportioned accordingly for joint accounts.
<input type="checkbox"/>	11. I/ We also agree that, if any such declarations made by me/us are found to be incorrect, intentionally misleading, or fabricated, then ABL shall be entitled to terminate the account relationship with immediate effect.
<input type="checkbox"/>	12. Should my/our provision of any false/misleading information result in any suits, claims, demands and damages of whatsoever kind or nature arising against ANSA Bank Limited, I/We FULLY AGREE to defend, indemnify, protect and hold harmless ANSA Bank Limited.
<input type="checkbox"/>	13. 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.
<input type="checkbox"/>	14. I/We understand that ABL reserves the right to review the operation of all accounts. If an account is found to be operated in a manner that does not meet the Bank's standards or terms of use or relevant/applicable laws, rules and regulations, the Bank may, at its discretion, close the account without prior notice.
<input type="checkbox"/>	15. Should any of my/our circumstances change during the course of the banking/business relationship which would result in a change to the information herein provided, I/We will provide updated information and/or documentation to ANSA Bank Limited within thirty (30) days of such change

The Borrower agrees that ANSA Bank Limited (the Bank) may at any time without notice apply any credit balance (whether or not then due and in whatever currency) which is at any time held in any of your accounts towards the satisfaction of:

- a) any fees, loss, damage or expense suffered by us, as a result of our provision and/or your use of our services, or
- b) any sum you owe under a credit card, mortgage, overdraft or other agreement within ANSA Bank Limited.

If such balances are in different currencies, the Bank may convert either balance at the then prevailing market rate of exchange for the purpose of the set-off.

Any exercise by the Bank of its rights of set-off shall not limit or affect any other rights or remedies available to it.

Signature of Main Applicant	Signature of Main Co-applicant

**SECTION 1.11** Branch Attestation

1. <input type="text" value="Prospective Customer"/>	<input type="text" value="Existing Customer"/>	<input type="text" value="T24 Customer ID"/>
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2. Compliance Approval is required for any customer in the categories below. Indicate which applies

<input type="checkbox"/> POLITICALLY EXPOSED PERSON	<input type="checkbox"/> REAL ESTATE AGENT	<input type="checkbox"/> INFORMAL WORKER
<input type="checkbox"/> FOREIGN RESIDENT	<input type="checkbox"/> LAWYER (Private practice)	<input type="checkbox"/> INTRODUCED BUSINESS
<input type="checkbox"/> ESTATE EXECUTOR/ ADMINISTRATOR	<input type="checkbox"/> ACCOUNTANT (Private practice)	
<input type="checkbox"/> POWER OF ATTORNEY	<input type="checkbox"/> NOTARY	

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					

4. Has the customer’s identity been verified in line with the required standards and true copies of documents obtained?  
 Yes     No

Name of Officer (Block letters)	Officer’s Signature	Date
Name of Manager (Block letters)	Manager’s Signature	Date

**SECTION 2.1** Loan Requirements (Omit if not required)

Statement of Affairs				
Assets (Cash Investments & Other e.g., Motor vehicles, Real Estate, etc.)	Amount	Liabilities (Loans, Mortgages, Credit Cards all other debts & to whom owing)	Balance	Instalment
Total		Total		
Net Worth				

Loan Purpose			
Amount Required		Interest Rate	
Downpayment		Tenor in months	
Insurance premium		Negotiation Fee	
Principal Loan Amount		Instalment Amount	

DSR Calculations			
Source of Income		Expenses	
Salary (Aggregate)		Mortgage	
Bonuses/ Commissions		Rent	
Rental Property Income		Personal Loan	
Investment Income		Credit Cards	
Other Income		ABL Loan	
<b>Total Income</b>		<b>Total Expenses</b>	
		<b>DSR (%)</b>	

ABL Exposure After Proposed Liabilities			
Loan Number	Loan Balance	Collateral	Instalment
Total		Total	

