

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. 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"/> Cheque Book	<input type="checkbox"/> Current Account	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Online Banking
Title of Account			
Purpose of account			
Expected Monthly Deposit			
Sources of Deposits			
Number/ Frequency of Expected Deposits			
Please indicate email address below for remittance of account statements:			

SECTION 2. 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"/> Credit Union	<input type="checkbox"/> Financial Institution
<input type="checkbox"/> State Enterprise	<input type="checkbox"/> Statutory Body	<input type="checkbox"/> Government	<input type="checkbox"/> Club / Association
<input type="checkbox"/> Non-Profit Organisation	<input type="checkbox"/> Charitable Organisation	<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 3. Address Information

Head Office/ Main Office	
Address line 1	
Address line 2	
City/ Town	
Country	

SECTION 4. Contact Information

Telephone #		Facsimile #	
Email		Website	
Facebook page		Instagram page	

Primary Contact		Secondary Contact	
Contact name			
Title/ Designation			
Telephone #			
Email address			

SECTION 5. <sup>1</sup>Beneficial 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:

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 <sup>st</sup> Beneficial Owner		2 <sup>nd</sup> Beneficial Owner	
Full name			
Domiciled country			
% Ownership			
Occupation			
Nationality			

3 <sup>rd</sup> Beneficial Owner		4 <sup>th</sup> Beneficial Owner	
Full name			
Domiciled country			
% Ownership			
Occupation			
Nationality			

5 <sup>th</sup> Beneficial Owner		6 <sup>th</sup> Beneficial Owner	
Full name			
Domiciled country			
% Ownership			
Occupation			
Nationality			

7 <sup>th</sup> Beneficial Owner		8 <sup>th</sup> Beneficial Owner	
Full name			
Domiciled country			
% Ownership			
Occupation			
Nationality			

<sup>1</sup> A Beneficial Owner is an individual who:

- a. owns or controls, directly or indirectly, including through a trust or bearer share holding, 10% or more of the issued share capital of the corporation;
- b. is, directly or indirectly, entitled to exercise or control the exercise of 10% or more 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.

SECTION 6.

<sup>2</sup>Politically 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	

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 7.

Directors’ Information

Director 1		Director 2	
Full Name			
Occupation			
Nationality			

Director 3		Director 4	
Full Name			
Occupation			
Nationality			

Director 5		Director 6	
Full Name			
Occupation			
Nationality			

Director 7		Director 8	
Full Name			
Occupation			
Nationality			

Director 9		Director 10	
Full Name			
Occupation			
Nationality			

SECTION 8.

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	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
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 plus the applicable license from the relevant authorities (CBTT, TTSEC)		
<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)		

<b>SECTION 9.</b>		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		

<b>SECTION 10.</b>		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 <sup>3</sup> 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 <sup>4</sup> Officer of ANSA Merchant Bank Ltd or its subsidiaries?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details		

<b>SECTION 11.</b>		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				

<b>SECTION 12.</b>		FATCA & CRS Certification	
<b>1. FATCA Tax Residency</b>			
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.			
i. Global Intermediary Identification Number (GIIN) - Required for Financial Institutions Only			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ii. Kindly indicate your Chapter 4 Status (FATCA status) below.			
<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	

US Status Evaluation Criteria	Response	If “Yes”, submit
<b>iii. Is the business a US territory entity?</b> <ul style="list-style-type: none"><li>The entity is organised in a US territory.</li></ul>	<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
<b>iv. Is the business a non-US entity? Does it satisfy all the statements below?</b> <ul style="list-style-type: none"><li>Incorporated outside USA</li><li>Has no US status indicators</li><li>All controlling persons of the entity are non-US persons (not US citizens or tax residents)</li></ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	No additional documents required
<b>v. Is the business an “Active” Non-Financial Foreign Entity (NFFE)?</b> <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>	<input type="checkbox"/> Yes <input type="checkbox"/> No	No additional documents required
<b>vi. Is the business a US Owned “Passive” Non-Financial Foreign Entity (NFFE)?</b> <p>“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

2. CRS – Tax Residency – Controlling Persons

To help protect the integrity of tax systems, governments around the world are introducing a new information gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (‘the CRS’).

Indicate the name of any Controlling Person(s) for the Entity (natural persons who exercise control over the Entity who has 10% or more ownership in the entity) as per control types description below. Where more than six (6) Controlling Persons exist, please complete an additional form.

TIN/ SSN	Full Name	% Holding	Controlling Person Type

Types of Controlling Persons. Controlling person of a:

<b>A.</b> legal person – control by ownership	<b>H.</b> trust – other
<b>B.</b> legal person – control by other means	<b>I.</b> legal arrangement (non-trust) – settlor-equivalent
<b>C.</b> legal person – senior managing official	<b>J.</b> legal arrangement (non-trust) – trustee-equivalent
<b>D.</b> trust – settlor	<b>K.</b> legal arrangement (non-trust) – protector-equivalent
<b>E.</b> trust – trustee	<b>L.</b> legal arrangement (non-trust) – beneficiary-equivalent
<b>F.</b> trust – protector	<b>M.</b> legal arrangement (non-trust) – other-equivalent
<b>G.</b> trust – beneficiary	

3. CRS Tax Residency – Entity

Is the entity a tax resident of any other country, not including the United States of America? ☐ Yes ☐ No

If yes, please complete the following table indicating where the Entity is tax resident and the Entity’s Tax Identification Number (TIN) for each country indicated. (If the Entity is not a tax resident in any country (e.g. because it is fiscally transparent), please indicate tax residency status on line 1 and provide the Entity's place of effective management or country in which its principal office is located.)

If a TIN is unavailable, please provide the Reason A, B or C where appropriate:

- Reason A - The country/jurisdiction where the Account Holder is liable to pay tax does not issue TINs to its residents.
- Reason B - The Account Holder is otherwise unable to obtain a TIN or equivalent number (Please explain why the entity is unable to obtain a TIN in the below table if this reason is selected)
- Reason C - No TIN is required because the tax residence country/jurisdiction that issued the TIN does not require the TIN to be disclosed.

Country/ Jurisdiction of Tax Residence	TIN	If no TIN available, select Reason A, B or C		
1.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B	<input type="checkbox"/> Reason C
2.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B	<input type="checkbox"/> Reason C
3.		<input type="checkbox"/> Reason A	<input type="checkbox"/> Reason B	<input type="checkbox"/> Reason C

4. Declaration and Certification
- I/We certify that the information provided in this form is true, accurate, and complete to the best of my/our knowledge.
  - I/We acknowledge and agree that the information contained in this form, along with details regarding the Account Holder and any Reportable Account(s), may be disclosed to the tax authorities of the country/jurisdiction where the account(s) is/are maintained. Such information may also be exchanged with tax authorities of other countries/jurisdictions where the Account Holder is a tax resident, in accordance with applicable laws, regulations, and Intergovernmental Agreements related to the exchange of financial account information.
  - I/We hereby consent to, authorize, and instruct ANSA Merchant Bank Limited to disclose and exchange such information as required by law. I/We expressly waive any rights or protections under applicable data protection, confidentiality, or other relevant laws to the extent necessary to facilitate such disclosures and exchanges.
  - I/We undertake to promptly notify ANSA Merchant Bank Limited, within 30 days of any changes to my/our tax residency status or any updates to the information provided in this form.
  - I/We agree to indemnify and hold ANSA Merchant Bank Limited harmless against any claims, penalties, or damages resulting from the provision of incorrect, incomplete, or misleading information in this form.

Customer's Signature

Date

SECTION 13. Authorised Officers/ Account Signatories

Signatory 1			Signatory 2	
Full name				
Title/ Designation				
Delegated Limit	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$
Specimen signature				
Signatory 3			Signatory 4	
Full name				
Title/ Designation				
Delegated Limit	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$
Specimen signature				
Signatory 5			Signatory 6	
Full name				
Title/ Designation				
Delegated Limit	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$
Specimen signature				
Signatory 7			Signatory 8	
Full name				
Title/ Designation				
Delegated Limit	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$
Specimen signature				
Signatory 9			Signatory 10	
Full name				
Title/ Designation				
Delegated Limit	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$	<input type="checkbox"/> Any amount	<input type="checkbox"/> ≤ \$
Specimen signature				

SECTION 14. Account Operating Instructions

Number of persons authorised	Total number of signatories
<input type="checkbox"/> Singly / <input type="checkbox"/> Any two jointly / <input type="checkbox"/> All jointly	

Indicate any specific instructions below:

SECTION 15. Terms & Conditions and Declaration

<input type="checkbox"/>	1. 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.
<input type="checkbox"/>	4. Account will be operated and balance along with interest payable as per operational instructions given above.
<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 that the company is not directly or indirectly involved in any illegal activity pertaining to possible criminal action or any fraudulent activity.
<input type="checkbox"/>	7. I/We confirm that the company 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"/>	8. I/We confirm that I/We was/were entirely free to have this document reviewed, so that I/We can be independently advised as to the content and legal effect of this document and I/We are/am satisfied that I/We do not require same.
<input type="checkbox"/>	9. 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"/>	10. 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"/>	11. 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"/>	12. 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"/>	13. 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"/>	14. 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 Director/ Chairman	..... Signature of Corporate Secretary/ Director
..... Company Stamp/ Seal	

SECTION 16.

For Bank Purposes Only

1.

Prospective Customer

Existing Customer

T24 Customer ID

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
PEP controlled Entity	<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. Customer Risk Assessment

<b>Risk Rating</b>	<b>% Score</b>	<b>Risk Rating</b>	<b>% Score</b>	<b>Risk Rating</b>	<b>% Score</b>
<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