



Individual Account Opening Form

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY IN BLOCK LETTERS ONLY

- In accordance with our legal obligations under the Proceeds of Crime Act, Chap. 11.27 (as amended), the Financial Obligations Regulations, 2010 (as amended), the Foreign Account Tax Compliance Act (FATCA), and the Mutual Administrative Assistance in Tax Matters Act, 2024, ANSA Bank Limited (ABL) is required to request the information provided in this form.

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
Current Employer		Previous Employer (if at current employer <2years)	
Occupation			
Employer's Name			
Street Address			
City/ Town			
Period of Employment	From:	To: present date	From: To:
Primary Reference		Secondary Reference	
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	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			
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Employment status		Gross Income		Salary frequency	
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Current Employer		Previous Employer (if at current employer <2years)		
Occupation				
Employer's name				
Street Address				
City/ Town				
Period of employment	From	to current date	From	To

Primary Reference		Secondary Reference	
Full Name			
Street Address			
City/ Town			
Telephone Contact			
Relationship			

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

Name of Business			
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Nature of Business			
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1. List of products and services provided by the company.

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Business address			
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Business #		Fax #		Email	
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Last annual earnings		Last Annual Profit		# of employees	
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2. Are you an **Attorney-at-law, Accountant or Independent Legal Professional** 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;

☐ Yes☐ No

4. Are you involved in any of the activities listed below? ☐ Yes ☐ No

☐ Internet Gambling☐ Motor Vehicle Sales or Leasing☐ Gaming Houses

☐ National Lotteries☐ Jewellery dealer☐ Art Dealer

☐ Cash Intensive trade☐ 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)

☐ Proof of Registration with Financial Intelligence Unit of Trinidad & Tobago.

☐ 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 1.4Guardian 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 1.5Politically 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

☐ Head of State☐ Head of Government☐ Senior Member of Legislature☐ Military Official

☐ Senior Politician☐ Senior Government Official☐ Judicial Official☐ Political Party Official

☐ Executive State-Owned Enterprise☐ 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 1.6FATCA and CRS Self Certification (tick ‘Yes’ where applicable to you)

1. FATCA Tax Residency

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)

☐ Yes☐ No

b. Are you required to file a tax return in the US?

☐ Yes☐ No

c. If ‘Yes’ to any of the above, kindly provide your US Tax Identification Number (TIN) i.e. your Social Security Number or Individual Taxpayer Identification Number

FATCA Indicia (Please check if any of the following apply to you):

FATCA IndiciaYesNoIf Yes, Provide Details

a. US place of birth

☐☐

b. US mailing or residential address

☐☐

c. US telephone number

☐☐

d. Standing instructions to transfer funds to a U.S. account

☐☐

e. Power of Attorney or signatory authority granted to a U.S. person

☐☐

f. Hold mail or c/o address in the U.S.

☐☐

ANSA Bank Limited

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2. CRS – Tax Residency – Other Foreign Countries

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’).

- a. Are you a tax resident of any country other than Trinidad & Tobago or the United States of America? ☐ Yes ☐ No
- b. If ‘Yes’, please provide details below:

Country of Tax Residence	Tax Identification # (TIN)	Reason if TIN not available

3. Declaration and Certification

- I certify that the information provided in this form is true, accurate, and complete to the best of my knowledge.
- I 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 hereby consent to, authorize, and instruct ANSA Bank Limited to disclose and exchange such information as required by law. I 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 undertake to promptly notify ANSA 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 agree to indemnify and hold ANSA 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 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/ ¹ 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

Signing Instructions		<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

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 Customer 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.

Prospective Customer

Existing Customer

T24 Customer ID

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		<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

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

SECTION 2.0 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	
Downpayment	
Insurance premium	
Principal Loan Amount	
Interest Rate	
Tenor in months	
Negotiation Fee	
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	
Total Income		Total Expenses	
		DSR (%)	

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

Proposed Security		
Description of Security	Estimated Mkt Value/ FV	Bank Charge Taken

SECTION 2.1

Loan Recommendation/ Conditions Precedent

SECTION 2.2

Disbursements

.....

Recommended by

.....

Officer's Signature

.....

Date

SECTION 2.3

Credit Approval

A credit decision is taken as follows:		<input type="checkbox"/> APPROVED		<input type="checkbox"/> DECLINED	
There is reasonable assurance of repayment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	There is sufficient equity	<input type="checkbox"/> Yes	<input type="checkbox"/> No
There is sufficient collateral	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

.....

Manager's Name

.....

Signature of Manager

.....

Date Approved

.....

Manager's Name

.....

Signature of Manager

.....

Date Approved