

Know Your Customer Form For Individuals **only**



For Bank use only

BRANCH

CUSTOMER IDENTIFICATION NUMBER

PLEASE COMPLETE THE FORM IN ITS ENTIRETY IN BLOCK LETTERS ONLY

- To comply with our obligations as a regulated Financial Institution we are **mandated** to request the information contained therein.
- A separate Know Your Customer (KYC) form should be completed for additional joint holders.

1. Identity Information

	Prefix	First Name	Middle Name	Last Name
Applicant Name	.....	.....	.....	.....
Former Name	.....		
Date of Birth	.....		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
	(dd/mm/yyyy)			
Marital Status	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widowed <input type="checkbox"/> Common law <input type="checkbox"/>
Nationality	.....		
Are you a citizen/ resident of any other country?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
If Yes, please state	.....		

2. Proof of Identity

Passport #	.....	PP Expiration Date	.....
National ID Card #	.....	ID Expiration Date	.....
Driver's License #	.....	DL Expiration Date	.....
Other	.....	Expiration Date	.....

3. Address Information

a. Residential/ Permanent Address

Address Line 1
Address Line 2
Address Line 3
Country

b. Residential/ Permanent Address (Last 3 years)

Address Line 1
Address Line 2
Address Line 3
Country

4. Contact Information

Home Tel #	.....	Mobile #	.....
Work #	.....	Email	.....

5. Expected Source of Funds through Accounts

Salary	<input type="checkbox"/>	Pension	<input type="checkbox"/>	Interest/ Dividends	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____
Rental Income	<input type="checkbox"/>	NIS payment	<input type="checkbox"/>	Gratuity	<input type="checkbox"/>			
Expected Monthly Transaction Volume (Loan Payments)				\$ _____ /month				_____ transactions/ month
Expected Monthly Transaction Volume (Foreign Exchange)				\$ _____ /month				_____ transactions/ month
Expected Total Term Deposit Balance				\$ _____				
Total Monthly Transaction Volume				\$ _____ /month total				_____ transactions/ month in total

6. Employment Information

Employment Status	Salaried worker	<input type="checkbox"/>	Retiree	<input type="checkbox"/>	Unemployed	<input type="checkbox"/>
	Self-employed	<input type="checkbox"/>	Student	<input type="checkbox"/>		
Occupation	_____					
Job Title	_____					
Industry	_____					
	Length of Service _____					
Occupation Type	Professional	<input type="checkbox"/>	Supervisor	<input type="checkbox"/>	Senior executive	<input type="checkbox"/>
	Skilled worker	<input type="checkbox"/>	Middle Management	<input type="checkbox"/>		
Mthly Income Range (from all sources)	_____					
Employer	_____					
Employer's Address	_____					

7. ¹PEP (Politically Exposed Person) Attestation (tick where applicable to you)

		Yes	No
a.	Have you ever been a Head of State or Head of Government, a Senior Politician, a Senior Government Official, a Senior Judicial, Military or Law Enforcement Official, a Member of the Board of Central Bank or similar regulator, an Ambassador or a charge d'affaires, either local or foreign?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details _____		
b.	Have you ever been a senior official of a major Political Party or a senior executive of a local or foreign Government owned commercial enterprise, either local or foreign?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details _____		
c.	Are you an immediate family member (spouse, parent, sibling, child) or close personal or professional associate of anyone in the above categories (a – b)?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details _____		
d.	Have you ever been entrusted with a prominent function by an international organization either local or foreign?	<input type="checkbox"/>	<input type="checkbox"/>
	If yes, please provide details _____		

8. Purpose of Business Relationship

Please indicate the banking products which relates to you

Fixed Deposit Account	<input type="checkbox"/>	Vehicle Loan	<input type="checkbox"/>	Commercial Loan	<input type="checkbox"/>
Mutual Fund Account	<input type="checkbox"/>	Mortgage Loan	<input type="checkbox"/>	Lease	<input type="checkbox"/>
Foreign Exchange	<input type="checkbox"/>	Consumer Loan	<input type="checkbox"/>		

¹ A PEP is defined by the Financial Action Task Force (FATF) as “an individual who is or has been entrusted with a prominent public function.” The FATF recognizes that, due to their status and influence, many PEPs are in positions that can be platforms for committing money laundering and related predicate offences. These include corrupt practices and bribery, as well as conducting activities related to the financing of terrorism.

9. Connected Party Information

a. Are you a major shareholder, partner or director in a business entity that is an existing customer of Consolidated Finance Co. Limited? Yes No

If yes, please indicate company _____

b. Are you a Director/ Officer of any company in the Ansa McAl Group? Yes No

If yes, please indicate company _____

c. 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 Yes No

If yes, please provide details _____

10. Customer Declaration & Consent

I declare that the information furnished by me to / Consolidated Finance Co. Limited (CFC) is true and correct and CFC is entitled to verify the same either directly or through any third-party agent. I also agree that, if any such declarations made by me are found to be incorrect, CFC shall be entitled to terminate the account relationship. I confirm having read and understood the account rules of CFC, and hereby agree to be bound by the terms and conditions and amendments governing the account(s) issued by CFC from time to time.

I also agree that CFC can disclose this application, any information contained therein, other related confidential information and transactions in this application and on accounts linked to me to law enforcement and regulatory authorities.

Account holder name _____

Date _____

Specimen Signature

11. For Bank Purposes Only

1.

PROSPECTIVE CUSTOMER
(Initial Screening)

EXISTING CUSTOMER
(Retrospective Screening)

US/ CRS CUSTOMER

2. AML/CFT Risk rating (please tick appropriate box)

<input type="checkbox"/> HIGH RISK	<input type="checkbox"/> MEDIUM RISK
Please indicate which applies <input type="checkbox"/> POLITICALLY EXPOSED PERSON <input type="checkbox"/> INTRODUCED BUSINESS <input type="checkbox"/> FOREIGN RESIDENT ^a <input type="checkbox"/> ESTATE EXECUTOR / ADMINISTRATOR <input type="checkbox"/> POWER OF ATTORNEY <input type="checkbox"/> REAL ESTATE AGENT ^b <input type="checkbox"/> LAWYER ^c <input type="checkbox"/> ACCOUNTANT ^c <input type="checkbox"/> NOTARY ^c	Please indicate which applies <input type="checkbox"/> FORMAL WORKER <input type="checkbox"/> ANSA MCAL STAFF <input type="checkbox"/> PENSIONER <input type="checkbox"/> STUDENT/ MINOR.

- a. Refers to foreign clients not domiciled in Barbados or with limited financial history
- b. Refers to agents involved in the buying and selling of real estate
- c. Refers to sole practitioners, partners and employed professional within professional firms. It is not meant to refer to internal professional who are employees of other types of business, or to professionals working for government agencies who may already be subject to measures that would combat money laundering.

3. Has customer identity been verified in line with required standards & true copies of documents obtained?

Yes No

Department unit _____

Transaction Officer
(NAME IN BLOCK LETTERS) _____

Officer's Signature _____

Date _____

Manager
(NAME IN BLOCK LETTERS) _____

Manager's Signature _____

Date _____

Compliance
(NAME IN BLOCK LETTERS) _____

Client screened []
Validity Yy/mm/dd High Risk – Snr Mgmt. review []

Signature _____

Date _____