

CLIENT INFORMATION FORM – INDIVIDUAL

Please complete in block letters

EXPLANATORY NOTES

- Firstline requires this form to be fully completed in order to begin our client relationship with you. Its primary purpose is to ensure that the identity of our clients and their source of funds are properly verified in accordance with national legislation and international guidelines.
- **Do not leave any section blank.** State 'N/A' if we prompt you to answer anything that is not applicable to your situation. We may request additional information.
- Copies of all submitted documents should be accompanied by originals for verification. If an original is not produced, the copy must be notarised or certified by a bank officer, member of the judiciary, Member of Parliament or legal practitioner.

A. ABOUT YOU			
1. Full Name:			
2. Title: Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other: _____			
3. Status: Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Common-Law <input type="checkbox"/> Widowed <input type="checkbox"/>			
4. Date of Birth: dd/mm/yy		5. Place of Birth:	
6. All Nationalities / Citizenships:		7. T&T Resident? yes/no	
		<i>if answer to A.7 is 'no'</i>	
8. Country of Residence:			
9. Physical Address:			
10. Mailing Address:			
11. Telephone Numbers:		Home:	Mobile:
		Work:	Other:
12. Email Addresses:		Primary:	Secondary:
13. Bank Details: <i>If you are not resident in T&T, we require a bank reference letter.</i>			
Primary Bank Name:			
Branch Address:			
Bank Reference Letter:		Enc.? y/n	

B. ID VERIFICATION			
<i>If originals not submitted for verification to Firstline, copies must be notarised or certified</i>			
1. ID Type (2 forms):		Number	Country of Issue
National ID			Expiry Date dd/mm/yy
Driver's Permit			
Passport			
2. Address Verification <i>Required for both physical and mailing addresses. Must be no more than 3 months old.</i>			
Utility Bill (not mobile) <input type="checkbox"/>		Bank Statement <input type="checkbox"/>	

C. OCCUPATION			
<i>Pay slip or job letter required as verification</i>			
1. Classification:		Private Sector <input type="checkbox"/>	Public Sector <input type="checkbox"/>
		Self-Employed <input type="checkbox"/>	
Homemaker <input type="checkbox"/>		Student <input type="checkbox"/>	Retired <input type="checkbox"/>
		Other: _____	
2. Occupation:			
3. Employer Name:			
4. Employer Address:			
5. Employer Telephone:			
6. Self-Employment: <i>if self-employed, please complete this section:</i>			
Occupation:		Business Name:	
Business Tel #		VAT Reg #:	
Cert. of Incorporation / Trading Licence:		Copy enc.? y/n	

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7. Gross Annual Income:	
8. Other Income Source:	<i>Should you engage in any activities which provide significant additional source of income, other than the occupation listed above, please list them here along with the names of any relevant business entities as applicable:</i>

D. OUR RELATIONSHIP		<i>If you select "wealth management" in D1, please complete D5 to D7.</i>	
1. Business Activity:	Wealth Management <input type="checkbox"/>	Specific Investment <input type="checkbox"/>	
	Corporate Finance <input type="checkbox"/>	Other <input type="checkbox"/>	
2. Frequency of Activity:	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semi-annually <input type="checkbox"/>
	Other: _____		
3. Will you be conducting business on behalf of, or for the benefit of any other entity or individual through this account?			
4. What will be the sources of funding which will provide for the activities that you contemplate to undertake with us?			
5. What is your level of direct experience in years with these different forms of investments?	Equities (local)		Equities (foreign)
	Bonds		ETFs
	Mutual Funds		Commodities
6. What are your investment objectives?	Income <input type="checkbox"/>	Growth & Income <input type="checkbox"/>	Growth <input type="checkbox"/>
7. What are your current financial goals?	<i>You can be as specific or as preliminary as you like</i>		
Next 2 years			
Next 5 years			
And beyond...			

E. LEGAL INFORMATION	
1. Have there ever been any criminal or civil proceedings brought against you? If yes, please describe:	
2. Are you or your spouse, singularly or as part of a group, in a position of control or similarly connected to any publicly listed company of any jurisdiction? Please state details:	

F. POLITICIALLY EXPOSED PERSONS	
1. Have you been or are you an individual, or the immediate family of, or a close personal or professional associate of:	Head of State or Government <input type="checkbox"/> Senior Government, Judicial or Military Officials <input type="checkbox"/> Senior Politician <input type="checkbox"/> Senior executives of state-owned corporations <input type="checkbox"/> Important political party officials <input type="checkbox"/> Senior executives of international non-governmental organisations <input type="checkbox"/>
2. If you selected any at F1, please give details here:	

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G. U.S. INDICIA (FATCA)	<i>The Govt of T&T has agreed with the U.S. to collect data on persons with U.S. indicia</i>	
Indicate 'Y' if any of the below applies to you:		
U.S. Indicia	Documentation Required	Doc Enc? y/n
U.S. citizen or permanent resident <input type="checkbox"/>	W-9 or W-8BEN	
U.S. birthplace <input type="checkbox"/>	W-9 or W-8BEN or Non-US passport	
U.S. residence or mailing address <input type="checkbox"/>	W-9 or W-8BEN or Non-US passport	
Fund Transfer required to U.S. bank account <input type="checkbox"/>	W-9 or W-8BEN or Non-US passport	
Power of Attorney granted to U.S. person <input type="checkbox"/>	W-9 or W-8BEN or Non-US passport	

H. REQUIRED DOCUMENTS	<i>Please enclose the following documents (originals to be seen or copies certified)</i>	
1. Two forms of current photo identification (as selected in B1) <input type="checkbox"/> 2. Proof of physical and mailing address (utility bill or bank statement, 3 months to current) <input type="checkbox"/> 3. Pay slip or job letter <input type="checkbox"/> 4. Bank reference letter (if non-resident in T&T) <input type="checkbox"/> 5. If you are unable to provide a pay slip or job letter and / or you answered yes to F1, you must complete a Source of Wealth form and provide supporting documentation <input type="checkbox"/>		

I. YOUR DECLARATION		
I declare that the information I have provided on this form is true and correct to the best of my knowledge. I authorise Firstline Securities Limited to obtain independent verification of any information provided in respect of this application or as may be required by law, using any legal means available to it, including but not limited to performing background checks, credit checks, and checks against lists of politically exposed persons and terrorist watch lists. I understand Firstline may be legally compelled to share my information with local or foreign regulatory organisations.		
Signature:		Date: dd/mm/yy
<i>If this form has been completed by an intermediary (power of attorney or other authorised individual), Firstline requires original authorization from you on the appointment of your intermediary.</i>		
Intermediary Name:	Signature:	Date: dd/mm/yy
ID Detail:	Natl ID <input type="checkbox"/> DP <input type="checkbox"/> PP <input type="checkbox"/> Number:	
Seal/ Stamp of intermediary if applicable		

INTERNAL USE (check all that apply)	
Non-resident individual	Real estate agent
Non-resident business	Motor vehicle sales
Institutional investor	Gaming / betting house
Financial services business	Accountant / Attorney
Money remittance / exchange provider	Art dealer
Precious metals & stones dealer	Trust / trustee
Politically exposed person	Connected person to publicly traded co / issuer
International non-governmental organisation	Charity / Not for Profit
U.S. indicia	FATF High-Risk Jurisdiction

REVIEWED & SIGNED BY:		
Originals verified: <input type="checkbox"/>	Certified document copies received: <input type="checkbox"/>	
Account Executive	Settlements	Compliance Officer
Date:	Date:	Date: