

**CLIENT INFORMATION FORM
INSTITUTION**



Please complete this form and return it by email, fax or post, along with any required attachments. State 'N/A' if we prompt you to answer anything that is not applicable to your situation. Do not leave any section blank. We may request additional information.

1 Legal Name: **Trading Name:** *if different to legal name*

2 Registered Address:

3 Branch / Mailing Address: *if different to registered address*

4 Place & Date of Incorporation: *also, file #* **5 Tax ID:**

6 Telephone Numbers: **7 Fax Numbers:**

8 Company Website & Email Address:
Website *Email Address*

9 List all regulated or licensed activities that you conduct:

10 List all supervisory authorities / regulatory organisations that govern your activities:

11 Primary Bank Name & Branch Address: *if not based in T&T, we require a bank reference letter*

12 Information on all shareholders with at minimum 10% ownership in company: *if privately held*
Please also complete our Institutional Supplement form.

1	Name:
2	Address:
3	Telephone #:
4	D.O.B. or incorporation:
5	Country of birth or incorporation:
6	Government-issued photo identification #1: <i>PP/DP/NI</i>
7	Government-issued photo identification #2: <i>PP/DP/NI</i>
8	Occupation or Business:

**CLIENT INFORMATION FORM
INSTITUTION**



13 Company Description: lines of business, types of customers & the geographical regions served

<i>1. Products & services / 2. Customer types</i>
<i>Geographical regions</i>

14 Purpose of the Account:

<i>Type of business activity: asset management, trading, financing, specific investment, other</i>
<i>Proposed frequency of activity: monthly, quarterly, other</i>

15 Will you be conducting business on behalf of, or for the benefit of any other entity or individual through this account? Provide further detail if so:

--

16 What would be the source or sources of funding which will provide for the activities that you contemplate to undertake with Firstline?

--

17 Information on all officers authorised to transact business for the company's account.

Please also complete our Institutional Supplement Form per individual

Name:	Name:
Title:	Title:
Telephone #:	Telephone #:
Email:	Email:
Photo ID #1: <i>PP/DP/NI</i>	Photo ID #1: <i>PP/DP/NI</i>
Photo ID #2: <i>PP/DP/NI</i>	Photo ID #2: <i>PP/DP/NI</i>
Signature:	Signature:

Name:	Name:
Title:	Title:
Telephone #:	Telephone #:
Email:	Email:
Photo ID #1: <i>PP/DP/NI</i>	Photo ID #1: <i>PP/DP/NI</i>
Photo ID #2: <i>PP/DP/NI</i>	Photo ID #2: <i>PP/DP/NI</i>
Signature:	Signature:

**CLIENT INFORMATION FORM
INSTITUTION**



18 Confirmation of written compliance policies and procedures which minimize the risks of the business being susceptible to money launderers and terrorist financiers:

<input type="checkbox"/> Yes, we have such policies	<input type="checkbox"/> No, we do not have such policies
---	---

19 Detail any criminal or civil proceedings brought against the company, a key employee or any affiliate in the past 3 years:

20 Are your Authorised Officers, 10%+ shareholders, directors, senior officers or spouses 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:

21 Are your Authorised Officers, 10%+ shareholders, directors, senior officers, their spouses or immediate family, Politically Exposed Persons? Do they work in a Ministry, Embassy, non-governmental international organisation, or any other institution that represents a government or nation, whether abroad or here in T&T? Even if not, is anyone related or closely connected to any such individual?

Yes No
If yes, please give details:

22 Please attach the following documents and tick if complete: *if not based in T&T, all copies must be notarised & 'original'*

1. Incorporation Documents (Certificate & Articles of Incorporation, Bye-Laws or equivalents)
2. Most recent annual or corporate return
3. Last 3 years of audited financial statements or Management accounts
4. Two forms of current photo identification and Institutional Supplement Form per person listed in question #s 12 & 17 as well as for all Directors & the Company Secretary (NB: all IDs must be certified original seen)
5. Incorp. documents & most recent annual or corporate return for 10%+ shareholder if an incorporated entity
6. Bank reference letter (if not based in T&T)
7. Signed Client Agreement (as applicable)
8. Partnership Agreement (as applicable)
9. Deed of Trust (as applicable)

23 Declaration of Director or Company Secretary

I certify that the nature of the company's business is as described at # 13 and that I am authorised to enter the company into this business relationship. I further declare that all of the information provided on this form is true and correct to the best of my knowledge. I authorize 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 that Firstline may be legally compelled to share company information with local or foreign regulatory organisations.

Name: _____

Title: _____

Signature: _____

Date: _____
(dd/mm/yyyy)

Company Stamp

**CLIENT INFORMATION FORM
INSTITUTION**



INTERNAL USE

<i>Check all that apply:</i>			
<input type="checkbox"/>	Non-resident individual	<input type="checkbox"/>	Real estate agent
<input type="checkbox"/>	Non-resident business	<input type="checkbox"/>	Motor vehicle sales
<input type="checkbox"/>	Institutional investor	<input type="checkbox"/>	Gaming / betting house
<input type="checkbox"/>	Financial services business	<input type="checkbox"/>	Accountant / Attorney
<input type="checkbox"/>	Money remittance / exchange provider	<input type="checkbox"/>	Art dealer
<input type="checkbox"/>	Precious metals & stones dealer	<input type="checkbox"/>	Trust / trustee
<input type="checkbox"/>	Politically exposed person	<input type="checkbox"/>	Connected person to publicly traded co / issuer
<input type="checkbox"/>	International non-governmental organisation	<input type="checkbox"/>	Charity / Not for Profit
<input type="checkbox"/>	U.S. indicia	<input type="checkbox"/>	FATF High-Risk Jurisdiction
Firstline representative name:			
Signature:			
Date:			