



SOURCE OF FUNDS DECLARATION FORM

Date of Declaration:					
Transaction Date:					
Name of Client:					
Address of Client:					
Occupation or Business:					
Telephone #1:		Telephone #2:		Fax #:	
Currency Type:	TTD <input type="checkbox"/>	USD <input type="checkbox"/>	GBP <input type="checkbox"/>	CAD <input type="checkbox"/>	ECD <input type="checkbox"/> OTHER: <input type="checkbox"/>
Amount:				TTD Equiv:	
Transaction Type:	Single <input type="checkbox"/>	Multiple <input type="checkbox"/>			
Transaction Method:	<input type="checkbox"/> Cash	\$:			
	<input type="checkbox"/> Cheque / Draft	\$:			
	<input type="checkbox"/> Wire / ACH	\$:			

IF CLIENT IS AN INDIVIDUAL, COMPLETE THIS SECTION

ID/PP/DP #:	Date of Expiry:	Date of Birth:	Status:
			<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident

IF CLIENT IS AN INSTITUTION, COMPLETE THIS SECTION

It is expected that an authorised officer of the institution shall make the required declaration. Their details should be entered here under "representative employee"

Incorporation / Reg. No.	Date of Incorporation / Reg.	Country of Incorporation / Reg.	
Name of Representative Employee:			
Location of Employee:			
Position / Title:			
ID/PP/DP #	Date of Expiry	Date of Birth	Status
			<input type="checkbox"/> Resident <input type="checkbox"/> Non-Resident
Telephone #:		Email Address:	

IF CLIENT IS BEING REPRESENTED BY A THIRD PARTY, COMPLETE THIS SECTION

This section is to be completed if the person filling out the form is acting in a fiduciary capacity for the client (e.g. power of attorney, financial advisor, notary public, trustee, receiver etc.)

Name of Individual &/or Company:	Ind:	Co:
Physical Address:		
Relationship to Client:		
Date of Birth &/or Incorporation:	Birth:	Incorp:
ID/PP/DP #	Date of Expiry	Incorporation No. (if appl.)
Telephone #:		Email Address:

NB: Your declaration as to the source of funds, given overleaf, should be made after you have made inquiry and to the best of your knowledge and belief, the funds were not derived from, or are being employed in, any illegal transaction by the individual or institution for whom you now act.



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DECLARATION OF SOURCE OF FUNDS	<i>In accordance with legislation and regulatory guidelines, and as a matter of company policy, Firstline must verify the source of your funds and we may request that you provide further detail or accompanying documentation to your declaration. Please cooperate with us. Firstline is a member of a group of companies and the information shared here may be disclosed to other members of the group or to regulatory or law enforcement authorities as may be requested.</i>
Proceeds from:	
<input type="checkbox"/> Business Trade <i>(provide name & nature of business, time in operation etc...)</i>	
<input type="checkbox"/> Contract <i>(nature of contract, beneficiary, contract value etc...)</i>	
<input type="checkbox"/> Investment <i>(nature of investment, institution where it was held, tenor, principal value etc...)</i>	
<input type="checkbox"/> Inheritance / Trust <i>(name of beneficiary/trustee, length of existence etc...)</i>	
<input type="checkbox"/> Sale of Property <i>(type of property, date of sale, sale value etc...)</i>	
<input type="checkbox"/> Other <i>(please provide details...)</i>	

Declarer Details		
Name:	Signature:	Stamp:

FIRSTLINE INTERNAL USE		
All sections of this form must be complete before it can be approved.		
Settlements Confirmation: <i>this form has been reviewed before transfer to Compliance</i>		
Name:	Signature:	Date:
Account Executive Confirmation: <i>this transaction is in accordance with the agreement with the Client</i>		
Name:	Signature:	Date:
Finance Department Confirmation: <i>the date, currency and amounts are in accordance with our records</i>		
Name:	Signature:	Date:

Compliance Review:		
<input type="checkbox"/> Transaction Accepted:	Transaction ref. #:	
<input type="checkbox"/> Transaction Declined:	Reason:	
Name:	Signature:	Date: