

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	INDIVIDUAL <input type="checkbox"/> OF <input type="checkbox"/> JOINT OWNERS		
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 A7 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>		
<i>This information shall be used for remittances to you. Be sure it is correct and provide supporting documentation as per H below.</i>	Bank Name & Branch:		
	Bank Account #:		
	Bank Reference Letter:	Enc.? y/n	

14. Joint Ownership Instructions. Your relationship with us shall be governed as a Joint Tenancy with Rights of Survivorship. This is a form of ownership in which two or more parties have equal interests and in which title to all assets (or liabilities) goes to the survivor(s) upon the death of any one of the joint owners.

Joint Owners (including Client listed in A1)

NAME	RELATIONSHIP <i>(to Client listed in A1)</i>	SIGNATORY / INSTRUCTION AUTHORITY <i>(please tick or detail)</i>
<i>State your name here:</i>	Self	<ul style="list-style-type: none"> ▪ Sole (can authorise alone) <input type="checkbox"/> ▪ One of Two (can authorise with at least one other) <input type="checkbox"/> ▪ Other
		<ul style="list-style-type: none"> ▪ Sole (can authorise alone) <input type="checkbox"/> ▪ One of Two (can authorise with at least one other) <input type="checkbox"/> ▪ Other
		<ul style="list-style-type: none"> ▪ Sole (can authorise alone) <input type="checkbox"/> ▪ One of Two (can authorise with at least one other) <input type="checkbox"/> ▪ Other

Should you wish to list any further joint owners, please attach the required information on a separate sheet and advise of its inclusion in H below. Firstline Securities requires the above list of joint owners & signing authorities to be the same as that listed by each joint owner in their respective forms. Where Firstline Securities Limited receives instructions, which are duly authorized as set out above, these shall be considered binding on all Clients of this relationship. Firstline is under no obligation to inform all Clients prior or subsequent to effecting any duly authorized instructions.

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	Expiry Date dd/mm/yy
National ID			
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 and / or job letter required as verification</i>		
1. Classification:	Private Sector <input type="checkbox"/>	Public Sector <input type="checkbox"/>	Retired <input type="checkbox"/>
	Homemaker <input type="checkbox"/>	Student <input type="checkbox"/>	Self-Employed* <input type="checkbox"/>
	Other:		

*If you are self-employed, please be sure to complete C6 – C12

2. Occupation:	<i>Current or last employment details as applicable (C2 to C6 must be completed)</i>
3. Employer Name:	
4. Employer Address:	
5. Employer Telephone:	
6. Gross Annual Income or Business Turnover	
7. Nature & Name of Business Activity:	
8. Number of Years in Business:	
9. Is the Business a Partnership?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name partners here:
10. Is the Business a regulated or listed entity?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, name regulator here:
11. Do you have management or audited accounts for the last three years?	YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, advise of its inclusion in H below. If no, provide an explanation here:
12. Please provide evidence of business ownership e.g. taxi badge, website URL, Association memberships, copies of lease agreement or rental receipts from landlords.	List here any documentary evidence you have attached:
	a.
	b.
	c.
13. 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 be sure to complete D5 to D7.</i>
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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	<i>Please write Yes or No (If Yes please give as much detail as possible)</i>		
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	YES <input type="checkbox"/> NO <input type="checkbox"/>
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:	

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 or select 'NO' here if none apply			NO <input type="checkbox"/>
U.S. Indicia	Documentation Required	Doc Enc? State Yes or No	
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>
<ol style="list-style-type: none"> 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. Confirmation of bank account number <input type="checkbox"/> 5. Bank reference letter (if non-resident in T&T) <input type="checkbox"/> 6. 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"/> 7. Additional Joint Owner information as applicable <input type="checkbox"/> 8. Most current three years of management or audited accounts for self-employed business (as applicable) <input type="checkbox"/> 9. Minimum one form of current photo identification for each Beneficiary <input type="checkbox"/> 10. Information on additional Beneficiaries (as applicable) <input type="checkbox"/> 	

I. BENEFICIARIES	<p>I request that in the event of my death and the death of the other joint owners, our assets held at Firstline Securities shall be distributed equally to the below-mentioned beneficiaries, unless we state otherwise in writing to the Compliance Department of Firstline Securities Limited.</p> <p>I understand that any transfer of assets can only occur upon the death of all listed joint owners and that Firstline Securities requires the below list of beneficiaries to be the same as that listed for the other joint owners.</p>		
BENEFICIARY #1	<i>Please provide copies of at least one government issued photo identification</i>		
1. Full Name:			
2. Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/> Other: <input type="text"/>
3. Date of Birth: <i>dd/mm/yy</i>			
4. T&T Resident? Yes/No		5. Country of Residence <i>if answer to A4 is 'no'</i>	
6. Mailing Address:			
7. Telephone Numbers:	Home:	<input type="text"/>	Mobile: <input type="text"/>
	Work:	<input type="text"/>	Other: <input type="text"/>
8. Email Addresses:	Primary:	<input type="text"/>	Secondary: <input type="text"/>
9. Relationship to Client:	<input type="text"/>		

BENEFICIARY #2	<i>Please provide copies of at least one government issued photo identification</i>		
1. Full Name:			
2. Title:	Mr. <input type="checkbox"/>	Mrs. <input type="checkbox"/>	Ms. <input type="checkbox"/> Other: <input type="text"/>
3. Date of Birth: <i>dd/mm/yy</i>			
4. T&T Resident? Yes/No		5. Country of Residence <i>if answer to A4 is 'no'</i>	
6. Mailing Address:			
7. Telephone Numbers:	Home:	<input type="text"/>	Mobile: <input type="text"/>
	Work:	<input type="text"/>	Other: <input type="text"/>
8. Email Addresses:	Primary:	<input type="text"/>	Secondary: <input type="text"/>
9. Relationship to Client:	<input type="text"/>		

Should you wish to list any further beneficiaries, please attach the required information on a separate sheet and advise of its inclusion in H above.

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