

# SOURCE OF FUNDS DECLARATION – INDIVIDUAL

**COMPANY/BRANCH: Barbados**

**INVESTOR INFORMATION**

Name (First Name, Middle Name, Surname)	Date of Birth	National Identification No./DP No./Passport No.
Address		Business/Residence Phone No.
Nationality	Occupation/Nature of Business	

**PERSON CONDUCTING THIS TRANSACTION (IF DIFFERENT FROM ABOVE)**

Name (First Name, Middle Name, Surname)	Date of Birth	National Identification No./DP No./Passport No.
Address	Nationality	Business/Residence Phone No.

**INVESTMENT INFORMATION**

Investment Type:				
<input type="checkbox"/> FIP (REPO)	<input type="checkbox"/> Local Equity	<input type="checkbox"/> International Equity	<input type="checkbox"/> Bonds	<input type="checkbox"/> Other _____
Investment Currency		Transaction Amount		
<input type="checkbox"/> Barbados Dollars	<input type="checkbox"/> Other _____			

**DECLARATION**

I declare that the source of funds and purpose for this transaction is:

  
  

*By reason of the requirements of the Money Laundering and Financing of Terrorism (Prevention and Control) Act 2011-23, First Citizens Investment Services Ltd.'s policy requires it to be satisfied as to the source of funds before accepting funds for investments or transfer or for the purchase of any other currency or instrument. Consent is hereby given to First Citizens Investment Services Ltd. to disclose information provided herein to law enforcement authorities.*

\_\_\_\_\_  
*Signature of Investor or person conducting transaction* \_\_\_\_\_  
*Date*

**NOTE:** This section is to be signed if the depositor is acting on behalf of a Third Party in a fiduciary capacity (e.g. Attorney-at-law, Notary Public, Trustee, Accountant etc.)

I/We have made inquiry and to the best of my/our knowledge and belief the funds were not derived from or are being employed in any illegal transaction by the person/company for whom/which I am acting.

\_\_\_\_\_  
*Depositor's Name* \_\_\_\_\_  
*Depositor's Address*

\_\_\_\_\_  
*Depositor's ID No.* \_\_\_\_\_  
*Depositor's Signature* \_\_\_\_\_  
*Date*

**FOR COMPANY USE ONLY**

Transaction taken by	Signature	Date
Authorizing Officer	Signature	Date
<input type="checkbox"/> Transaction Accepted	<input type="checkbox"/> Transaction Declined	<input type="checkbox"/> Client refused to sign form
Remarks (continue on a separate sheet, if necessary):		
Reviewed by Approving Officer	Signature	Date