



# SOURCE OF FUNDS DECLARATION – INDIVIDUAL

COMPANY/BRANCH: St. Lucia

### 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:    |              |                      |       |                    |      |     |             |
| FIP (REPO)          | Local Equity | International Equity | Bonds | Managed Account    | HOME | RAP | Other _____ |
| Investment Currency |              |                      |       | Transaction Amount |      |     |             |
| EC Dollars          | US Dollars   | Other _____          |       |                    |      |     |             |

### DECLARATION

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

\_\_\_\_\_

*By reason of the requirements of the Money Laundering (Prevention) Act, No. 8 of 2010, First Citizens Investment Services' 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 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                        |
| Transaction Accepted  | Transaction Declined | Client refused to sign form |
| Remarks (continue on a separate sheet, if necessary): _____ |                      |                             |
| Reviewed by Compliance Officer                              | Signature            | Date                        |