



# SOURCE OF FUNDS DECLARATION – INDIVIDUAL

COMPANY/BRANCH: *St. Vincent*

### 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"/> Managed Account	<input type="checkbox"/> Other _____
Investment Currency			Transaction Amount		
<input type="checkbox"/> EC Dollars	<input type="checkbox"/> US Dollars	<input type="checkbox"/> Other _____			

### DECLARATION

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

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*By reason of the requirements of the Anti-Money Laundering and Terrorism Financing Regulation 2014, 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 Approving Officer	Signature	Date