



# SOURCE OF FUNDS DECLARATION – CORPORATE

COMPANY/BRANCH : St. Lucia ~~XXX~~

## INVESTOR INFORMATION

Company Name	Date of Incorporation	Nature of Business
Address	Country of Incorporation	Business Phone No.

## 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	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