



SOURCE OF FUNDS DECLARATION

FULL NAME OF CUSTOMER _____		DATE (YY/MM/DD) _____	
ADDRESS _____ _____ _____		BUSINESS PHONE NO. _____	RESIDENCE PHONE NO. _____ MOBILE NO. _____
TYPE OF TRANSACTION _____ _____ _____ _____	TRANSACTION VALUE CASH G\$ _____ CHEQUE G\$ _____ WIRE TRANSFER G\$ _____ TOTAL G\$ _____		ACCOUNT NUMBER
NATURE OF BUSINESS/OCCUPATION _____ _____	RESIDENT <input type="checkbox"/> <input type="checkbox"/> U.S RESIDENT <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/>	DATE OF BIRTH (YY/MM/DD) _____	
CUSTOMER IDENTIFICATION _____	COUNTRY OF ISSUE _____	I.D NUMBER/PASSPORT NO. _____	DATE OF ISSUE _____

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

It is understood that it is your policy to verify the source of funds before accepting, and that you may be required to disclose the information provided herein to the relevant authorities.

CUSTOMER'S SIGNATURE

For TRUST COMPANY (GUYANA) LIMITED Use Only:

- Transaction Accepted**
- Transaction Declined**
- Customer refused to sign form**
- Customer explanation not reasonable**

Remarks (is stated source reasonable given Customer's occupation/size of business etc? What was done to verify source?) (if amount under \$10,000 US\$ equivalent, give reason for reporting)

COMPLIANCE OFFICER'S SIGNATURE: _____

MANAGER'S SIGNATURE: _____

- ORIGINAL - TO MASTER FILE FOR DECLARATION**
- DUPLICATE - TO CUSTOMER'S FILE**
- TRIPLICATE - TO CUSTOMER (ONLY IF SIGNED)**