

**TRUST COMPANY (GUYANA) LIMITED**  
**INDIVIDUAL /JOINT ACCOUNT CUSTOMER REGISTRATION FORM**

**TO BE COMPLETED BY ALL CUSTOMERS**

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ COUNTRY OF BIRTH: \_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS (if different from above): \_\_\_\_\_

LANDLINE NO.: \_\_\_\_\_ CELL NO: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SOURCES OF INCOME, OTHER THAN SALARY: \_\_\_\_\_

**IDENTITY DOCUMENT:**

<input type="checkbox"/>	IDENTIFICATION CARD	NO. _____
<input type="checkbox"/>	PASSPORT	NO. _____

**TAXPAYERS IDENTIFICATION:**

<input type="checkbox"/>	DRIVER'S LICENCE	
<input type="checkbox"/>	TIN CERTIFICATE	NO. _____

**PROOF OF ADDRESS:**

<input type="checkbox"/>	Utility Bill
<input type="checkbox"/>	Bank Statement
<input type="checkbox"/>	Other _____

**PROOF OF INCOME:**

<input type="checkbox"/>	Payslip
<input type="checkbox"/>	Job Letter
<input type="checkbox"/>	Other _____

PURPOSE OF OPENING ACCOUNT: \_\_\_\_\_

SOURCE OF FUNDS FOR THE ACCOUNT: \_\_\_\_\_

EXPECTED DEPOSITS/PURCHASES: \$ \_\_\_\_\_

EXPECTED WITHDRAWAL/SALES: \$ \_\_\_\_\_

PLEASE STATE IF YOU, OR ANYONE CLOSE TO YOU ARE AFFILIATED WITH:

- i. Head of state
- ii. Senior politicians
- iii. Senior government officials
- iv. Judicials
- v. Military officials
- vi. Senior executive of state owned corporations
- vii. Important political party officials
- viii. Family members of anyone listed at (i) and (vii)
- ix. Close associates of anyone listed at (i) and (vii)

I, the undersigned, declare and confirm that the information provided on this Registration Form is true and correct. I promise to disclose to the Trust Company if and when applicable, the source of all funds for deposit to the account.

Furthermore, I consent to the due diligence and verification procedures, and to the retention by the Trust Company of this Registration Form, and all supporting documents.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**FOR INTERNAL USE ONLY**

TYPE OF ACCOUNT: \_\_\_\_\_

Indicate if the Applicant belongs to any of the following Risk Categories:

**Level 1-  
Low Risk  
Customers** If the applicant(s) or authorized signatories fall into any of the following categories, tick the appropriate box.

- The customer is an individual resident in Guyana not associated with Politically Exposed Person (PEP)
- The customer whose funding is sourced from normal activities (e.g. salary, pension or benefits from a known source)
- The customer has a fixed place of abode with sufficient proof

The customer has been in a long term and active relationship with this Company

The customer does not reside or operate in a high risk country.

**Level 2-  
Medium  
Risk  
Customers** If the applicant(s) or authorized signatories fall into any type of account that is not listed as either Level 1 or 3.

**Level 3-  
High  
Risk  
Customers** If the account holder(s) or authorized signatories fall into any of the following categories, tick the appropriate box (es) and specify the required details.

The customer is a Politically Exposed Person (PEP) or closely associated with a PEP  
Please specify details of PEP position and/or relationship \_\_\_\_\_

An overseas customer residing or operating in high-risk jurisdictions (e.g. FATF- Non Cooperative Countries & Territories (NCCTs)  
Please specify the NCCT or high risk country \_\_\_\_\_

A customer whose name appear on the United Nations Sanction List

The customer whose source of funds is from high-risk jurisdictions. Please specify country \_\_\_\_\_

The customer(s) business involve in cash intensive e.g. gambling, money transfer agencies, cambios etc.

Account Opening Officer		Supervisor	
Name:	Designation:	Name:	Designation:

Which Risk Category does the customer fall within Level 1  Level 2  Level 3

OTHER INFORMATION: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Account Opening for High Risk Customer (as identified in Level 3) must be approved jointly by the Managing Director & Compliance Officer or jointly by Senior Managers in their absence.

Approval of High Risk Clients:                      Approved   
   Declined

Name:

Designation:

Date:

Signature:

Name:

Designation:

Date:

Signature: