

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

TO BE COMPLETED BY ALL INDIVIDUAL CUSTOMERS

CUSTOMER'S FULL NAME:			
DATE OF BIRTH:		COUNTRY OF BIRTH:	
RESIDENTIAL ADDRESS:			
POSTAL ADDRESS (if different from above)			
NATIONALITY:		COUNTRY OF RESIDENCE:	
MARITAL STATUS:		SPOUSE'S NAME:	
LANDLINE NO:		MOBILE NO:	
BUSINESS NO:		EMAIL:	
PLACE OF EMPLOYMENT:			
OCCUPATION:			EMPLOYED SINCE:
SOURCE (S) OF INCOME OTHER THAN SALARY:			

IDENTIFICATION INFORMATION:

IDENTIFICATION TYPE	NUMBER	DATE OF ISSUE DD/MM/YYYY	DATE OF EXPIRY DD/MM/YYYY
<input type="checkbox"/> NATIONAL ID CARD			
<input type="checkbox"/> DRIVER'S LICENCE			
<input type="checkbox"/> PASSPORT			

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

PROOF OF ADDRESS		
<input type="checkbox"/> UTILITY BILL	<input type="checkbox"/> BANK STATEMENT	<input type="checkbox"/> OTHER: _____

PROOF OF INCOME		
<input type="checkbox"/> PAYSIP	<input type="checkbox"/> JOB LETTER	<input type="checkbox"/> OTHER: _____

PURPOSE OF OPENING ACCOUNT:	
AMOUNT OF INITIAL DEPOSIT/INVESTMENT:	\$
SOURCE OF FUNDS OF INITIAL DEPOSIT/INVESTMENT	
SOURCE OF FUNDS (ONGOING DEPOSITS/PURCHASES	
EXPECTED DEPOSITS/PURCHASES	\$
EXPECTED WITHDRAWAL/SALES	\$

Is _____ a current or former senior official in the executive, legislative, military or judicial branch of a local or foreign government or a senior officer of a local or foreign Political Party, or a senior executive of an enterprise owned by a local or foreign Government?

YES NO

Does _____ have an immediate family member who is a current or former senior official in the executive, legislative, military or judicial branch of a local or foreign government or a senior officer of a local or foreign Political Party, or a senior executive of an enterprise owned by a local or foreign Government?

YES NO

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
- The customer opened the account in person

LEVEL 2-MEDIUM RISK CUSTOMERS

- If the applicant 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 is cash intensive e.g., gambling, money transfer agencies, Cambio's etc.
- The customer was not present in person to open the account (non-face to face)

ACCOUNT OPENING OFFICER	SUPERVISOR
NAME:	NAME:
DATE:	DATE:

