

Account Name : \_\_\_\_\_

Account Number : \_\_\_\_\_

**Instructions**

This form must be completed as a requirement and part of the client documentation for the opening of a new client relationship at Private Investment Bank Limited. Equally, this form must again be completed should any information contained in the initial Client Diligence Form changes/evolves during the relationship. **All fields must be completed.**

**1. General Information**

Please complete all the fields listed below:

Account Holder/s is/are one/several natural person/s.                      Number of Account Holders :

Account Holder is a legal person/company.

Account Holder is a domiciliary company (art. 4 CDB 03).

The Account Holder/s is/are the beneficial owner/s of the assets deposited in the account.

The Account Holder/s is/are not the beneficial owner/s of the assets deposited in the account.  
Reminder : a completed and signed Form A is required.

**2. Information on the beneficial owner(s) if he (she/they) is (are) not the Account Ho**

Number of Beneficial owners

**Confirmation by the Client Relationship Manager that Form A has been correctly completed. Indicate from what source/s of information (official identity document, other...) has Form A been completed:**

**The beneficial owner's professional activity is in an administration or in a private company dominated by a foreign State**

**The beneficial owner is an employee**

**The beneficial owner is a self-employed person**

**Information on the professional circumstances :**

- **Description of professional activity, number of years, revenue, etc.**
- **Description of company/industry (corporate name), approximate size, capital, number of years in operation, etc.**

**Financial environment of the beneficial owner :**

**Information on the breakdown and valuation of global wealth :**

**Family situation :**

<b>Bachelor</b>	<b>Divorced</b>
<b>Married</b>	<b>Widow(er)</b>
<b>Children</b>	<b>Nbr:</b>

**Name of Children and Date of Birth:**

### 3. Information on Source of Funds / Origin of Assets

- Please identify the source of the funds / origin of assets to be deposited in the account by the beneficial owner/s, *please select one or more that apply*:

Employment Wages	Rent/Lease
Pension/Retirement	Investment Profits
Inheritance/Gift	Sale of Property Other
Business Dividends	(please explain):

- Based on your answer to the previous question, please explain in full detail the source of funds:

*Example: The funds deposited in the account are related to employment wages obtained during my 5 year employment at XYZ company, where I am the Director of Marketing for the company. The funds will be coming from a same name account at ABC Bank in cash and securities.*

- Where are the assets coming from?

Bahamian Bank	Foreign Bank	Other
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- Name of the Bank/s where the initial deposit/funds are expected?

- Address of the Bank/s where the initial deposit/funds are expected?

- Type of assets being deposited at the bank? *please select one or more if it applies.*

Cash	Securities	Physical Certificates	Internal transfer
Other	If Other, please explain:		

- Expected number of visits to the Bank per year?

- Origin of relationship:
  - Member of the Board
  - Member of Management
  - Client of the Bank
  - External Portfolio Manager  
*Please identify name:*
  - Business Introducer  
*Please identify name:*

**4. Political Activity for a Foreign State – (PEP) Politically Exposed Persons**

- *Information: If any of the account holder/s or their relatives have ever held a political position then they are considered a PEP and must mark YES below.*

By the account holder: YES NO

By a relative of the account holder: YES NO

**If the answer is YES, please answer the following questions:**

Information on the political mandate/s of the account holder or one of their relatives:

Description of political, legislative or executive charge:

**5. Additional Remarks/Information**

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**INTERNAL BANK USE ONLY**

Name of Client Relationship Manager :	Signature of Client Relationship Manager :	Signature of the MLRO or of the Head Office Representative :
Date :	Date :	Date :

Check banking alarms file and Worldcheck Signature of Customer Account Opening Central File :
Date :