

COMPANY / CHARITY/ NCN-DFC: ≠ ORGANISATION (NPO) INFORMATION

Section A

Name _____

Company Registration # (Corporate/Charity/NPO) _____

Business Address _____

Nature of Business _____ Products /Service _____

Type of Business Corporation Partnership Registered Business Registered Non-Profit Non-Registered Club

***Documents Required**

Company Category	Document to Be Submitted	Required		Submitted	
		YES	NO	YES	N/A
Corporations	Certificate of Incorporation / Continuance				
	Articles of Incorporation				
	Notice of Address				
	Notice of Directors				
	Company By-Laws				
	Copy of Company's Anti Money Laundering Policy ¹				
	Copy of the Company's Financial Statements (Audited/Unaudited for the last 2 years)				
Non-Profit/Charity	Articles of Incorporation/Association				
	Corporate Profile Report				
	Charitable registration number if registered as a Not-For Profit				
Partnership	Partnership Agreement				
	Resolution Authorizing the Partnership				

STATEMENT OF PURPOSE

Section B

1. Purpose of the Account

2. Source of Initial Funds

3. Expected Monthly Activity

4. Expected Monthly Transaction Frequency

¹ Details of the AML training programme implemented by for the company's staff. This should include: Frequency of training, level of staff exposed to training, topic covered by the training, most recent record of training, person responsible for training.



CLIENT CONFIRMATION AND SIGNATURE

Section C

Client Agreement

We confirm that the information in this Application is true, complete and accurate.

We confirm that all transactions to the above described account are and will be beneficially owned by the account holders

We agree to inform AffinityPlus of any changes that could affect the operation of the Account, including changes to the full and correct name, nationality, immigration or residency status of the account holders.

We confirm that AffinityPlus may obtain independent verification of information provided in the application

We

Please print name:

certify that the company

Company Name:

or its beneficial owners are / are not US citizens or residents for tax purposes.

The Company Seal/ Charity or NPO Stamp of _____)
was hereto set and affixed by _____)
its Secretary thereof by order of its Board of Directors/ Trustees)
in the presence of:)

Countersigned

Director/ President/ Trustee

Secretary

CORPORATE CLIENT: APPLICATION UPDATE FORM

DIRECTORS / TRUSTEES AND OFFICERS DUE DILIGENCE

Section D

IDENTITY INFORMATION ON DIRECTORS AND MANAGEMENT WHO EXERCISE EFFECTIVE CONTROL OVER THE BUSINESS AND ARE IN A POSITION TO OVERRIDE INTERNAL PROCEDURES/CONTROL MECHANISMS

Directors/ Trustees

Full Name	Address	Occupation	Signatory	Specimen Signature
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

Officers

Full Name	Address	Occupation	Signatory	Specimen Signature
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	
			Yes No	

We hereby certify that the _____ (insert number) signatures appearing above are authentic.

We hereby inform AffinityPlus that any _____ (insert number) of the above signatures can provide instructions on this account.

Signed by **Title**

Dated this **day of** **20**

- ***All information provided for each Director and Officer must be supported by certified copies of two (2) forms of valid government-issued ID and recent proof of address.**
- ****Only signatories are required to provide a specimen signature.**

DECLARATION OF SHAREHOLDER & BENEFICIAL OWNERS

Section E

THE APPLICANT MUST SUPPLY IDENTITY INFORMATION ON THE BENEFICIAL OWNERS OF THE ENTITY

Name of Company ("the Company")

Company No.

CERTIFICATE AS TO THE BENEFICIAL OWNERS

AS AT THE DAY OF 20

I hereby certify that the mentioned persons are shareholders of the Company as of the date hereof:²

Table with 4 columns: Index, Legal Owner, Beneficial Owner, % of Shares. Rows 1-6.

Dated this day of 20

Director/ Trustee

.....

(Affix Company Seal)

.....

2 All information provided for each Beneficial Owner must be supported by certified copies of two (2) forms of valid government-issued ID and recent proof of address. Where the Beneficial Owner lives outside of Barbados each document submitted must be notarized.

The beneficial owner of a company is one who ultimately owns and controls the company and must include anyone who is giving instructions to the financial institutions to act on behalf of the company.

If a company is privately owned, identity must be sought on persons with a minimum of 20% shareholding.