

CLIENT DUE DILIGENCE – Tick ✓ appropriate box Purchaser Vendor Landlord Tenant

COMPLETE IN CAPITAL LETTERS

ADDRESS OF PROPERTY: _____

_____ SALE/RENTAL \$ _____

COMPANY INFORMATION:

Name of Organization: _____

Registered Office Address: _____

Mailing Address (if different): _____

Tel. Contact: (W) _____ (W) _____ (F) _____

Email Address: _____

Proof of Address (please submit any one of the following valid documents and tick ✓ against the document attached)

Phone Bill: Electricity Bill: Bank Statement: Water Bill: Cable Bill:

*Acceptable bill statement for services must be no older than three (3) months

Government Issued Identification (submit a copy of **TWO (2)** forms of valid document and tick ✓ against the document attached)

Document	Date of Issue	Number
Valid Passport: <input type="checkbox"/>		
Valid Driver's Licence: <input type="checkbox"/>		
Valid National ID Card: <input type="checkbox"/>		

If more than one Director, complete the above for each additional Director on a separate page.

Company Documents: (please submit the following valid documents and tick ✓ against the document attached)

Certificate of Incorporation/Continuance: Articles of Incorporation/Continuance:

Copy of Annual Return filed: List of Signatories (names and verification of identity):

POLITICALLY EXPOSED PERSONS

If the following is applicable (please tick ✓ as applicable)

Are you a member of Government/Opposition, Judicial or Military Official, Senior Executive of State-owned corporations either domestically or by a foreign country? Yes No

Are you a Director of a State Board? Yes No

Are you a family member (spouse, parent, sibling, children) of any of the above? Yes No

*If yes to any of the above, please give details below:

DETAILS: _____

A politically exposed person (PEP) is one who has been entrusted with prominent public functions, for example a Head of State or of Government, senior politicians, senior government, judicial or military officials, senior executive of state owned corporations, important political party officials. This category also includes immediate family members, close personal and professional associates.

DECLARATION

By reason of the requirements of the Anti-Money Laundering Legislation, the NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED Compliance Programme requires that it be satisfied as to the identity of the client and the source of funds before conducting any transactions. Consent is hereby given to the NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED to disclose the information contained herein which in the opinion of the NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED is required to be disclosed by law or if requested by the Financial Intelligence Unit (FIU) or Financial Action Task Force (FATF).

Form must be completed and signed by the PURCHASER/VENDOR/LANDLORD/TENANT and reviewed by the Broker/Owner and the Compliance Officer for customer acceptance.

I/We have to the best of my/our knowledge and belief answered the following correctly and provided copies of the originals for verification of the information above in accordance with the applicable AML legislation in Trinidad & Tobago.

AUTHORISED SIGNATURE/COMPANY STAMP

DATE

FOR OFFICIAL USE ONLY:

UN1267 LIST checked

FATF LIST checked

NCCT LIST checked

Checked and approved by Broker/Compliance Officer: _____ Date: _____

RISK ASSESSMENT - Low Risk

High Risk