



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

COMPLETE IN CAPITAL LETTERS (ONE FORM PER INDIVIDUAL)

ADDRESS OF PROPERTY: _____

_____ SALE: _____

VENDOR/LANDLORD INFORMATION

Name: _____

Residential Address: _____

Employer's Name & Address: _____

Tel. Contact: (C) _____ (H) _____ (O) _____

Email Address: _____

Date of Birth: Y: _____ M: _____ D: _____ Nationality: _____ Country of Birth: _____

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"/>		

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 Proceeds of Crime Act 2000, (as amended by the Proceeds of Crime (Amendment) Act 2009), the Anti-Terrorism Act 2005 (as amended by the Anti-Terrorism (Amendment) Act 2010, the Financial Intelligence Unit of Trinidad & Tobago Act 2009, (as amended by the Financial Intelligence Unit (Amendment) Act 2010, the Financial Obligations Regulations 2010 and the Financial Intelligence Unit of Trinidad and Tobago Regulations 2011 (collectively referred to as the "AML legislation"), the NATIONAL INSURANCE PROPERTY DEVELOPMENT COMPANY LIMITED Compliance Programme requires that it be satisfied as to the identity of 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.

Form must be completed and signed by the Purchaser and reviewed by the Broker 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.

SIGNATURE _____ 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