



The Bank of Nevis Ltd. INVESTMENT DEPARTMENT CUSTOMER QUESTIONNAIRE

Date _____ Account Number _____

1. About you (the account holder)

Name of Business _____

Business/Postal Address (if different from office address) Street _____

P.O. Box # _____ City _____

Country _____ Postal Code _____

Nature of Business _____

Corporate Identification

Certificate of Incorporation Memorandum/Articles of Association Corporate Resolution

Certificate of Good Standing (where applicable)

Business Fax _____ Business Website _____

Business Email Address _____

Existing Bank of Nevis Account Number(s)

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2. Principals

Principal (2)

Name _____

Name _____

Capacity/Position _____

Capacity/Position _____

Home Address Street _____

Home Address Street _____

City _____

City _____

Country _____ Postal Code _____

Country _____ Postal Code _____

Telephone (home) _____

Telephone (home) _____

Fax (home) _____

Fax (home) _____

Email Address (personal) _____

Email Address (personal) _____

Nationality _____ D.O.B. _____
(e.g. 07SEP1976)

Nationality _____ D.O.B. _____
(e.g. 07SEP1976)

Type of I.D. Provided _____

Type of I.D. Provided _____

I.D. Number _____

I.D. Number _____



Principal (3)

Principal (4)

Name _____

Name _____

Capacity/Position _____

Capacity/Position _____

Home Address Street _____

Home Address Street _____

City _____

City _____

Country _____ Postal Code _____

Country _____ Postal Code _____

Telephone (home) _____

Telephone (home) _____

Fax (home) _____

Fax (home) _____

Email Address (personal) _____

Email Address (personal) _____

Nationality _____ D.O.B. _____
(e.g. 07SEP1976)

Nationality _____ D.O.B. _____
(e.g. 07SEP1976)

Type of I.D. Provided _____

Type of I.D. Provided _____

I.D. Number _____

I.D. Number _____

3. About Your Finances

Annual Income of Business

How much do you intend to deposit each year? EC Dollar/US Dollar – (delete as appropriate)

Less than 100,000 100,001 to 200,000 200,001 to 300,000 300,001 to 400,000

Greater than 400,000 Please state approximate amount _____

5. Source of Funds

Please indicate the ORIGINAL source of funds, i.e. where the funds to open the account originated (beneficial owner)

Accumulated Savings Sale of Property Salary/Bonus Inheritance

Maturing Life Policy Sale of Business Sale of Shares Pension

Other (please specify) _____
(e.g. equities, bonds, mutual funds)



4. Beneficial Owner

Beneficial Owner (2)

Name _____

Home Address Street _____

City _____

Country _____

Postal Code _____

Telephone (home) _____

Fax (home) _____

Email Address (personal) _____

Nationality _____ D.O.B. _____
(e.g. 07/SEP/1976)

Type of I.D. Provided _____

I.D. Number _____

Name _____

Home Address Street _____

City _____

Country _____

Postal Code _____

Telephone (home) _____

Fax (home) _____

Email Address (personal) _____

Nationality _____ D.O.B. _____
(e.g. 07/SEP/1976)

Type of I.D. Provided _____

I.D. Number _____

6. Signatures

Name of Signatory

Position/Title

Signature

Signature box

Name of Signatory

Position/Title

Signature

Signature box

Name of Signatory

Position/Title

Signature

Signature box

Name of Signatory

Position/Title

Signature

Signature box