

**THE BANK OF NEVIS INTERNATIONAL LTD.
LOCAL RELIABLE INTRODUCTION CERTIFICATION**

(To be completed by an Eligible Introducer conducting relevant financial business)

NAME OF INTRODUCER _____

ADDRESS OF INTRODUCER _____

NAME OF APPLICANT: _____

ADDRESS OF APPLICANT: _____

TEL. NUMBER OF APPLICANT: _____

FAX NUMBER OF APPLICANT: _____

I /We confirm that I/We are *(Please tick as appropriate)*

1. We are an institution regulated by _____
in _____. (Country)

2. We are providing this information in accordance with Paragraph 49 of the
Guidance notes of the Federation of St. Kitts and Nevis. Yes No

3. The applicant for business was an existing customer of ours
_____.(DD/MM/YY)

3B. We have completed verification of the applicant for business and his/her/its
name and address as set out at the head of this introduction corresponds
with our records. Yes No

and

3C. The applicant for business is applying on his own behalf and not as nominee
trustee or in a fiduciary capacity for any other person. Yes No

or

3D. The applicant for business is acting **as a nominee, trustee or in a fiduciary capacity** for other persons whose identity has been established by us and appropriated documentary evidence to support the identification is held by us and can be produced on demand. Yes No

Alternatively

3E. We have **not** completed verification of the applicant for business for the following reasons:

The above information is given in strict confidence for your own use only and without any guarantee, responsibility or liability on the part of this institution or its officials.

Signed

Full Name

Official Position