

**PERSONAL INFORMATION FORM (PIF)**

OFFICIAL USE ONLY	
PIF #:	
Date opened:	
Branch:	

Please review the information below and indicate correctness and acceptance by signing in the space(s) provided below.

\* Denotes required information.

**A. ACCOUNT HOLDER PERSONAL DETAILS**

BR  DAME  DR  FR  LADY  MISS  MR

\*Title:  MRS  Ms  MSG  PROF  REV  SIR  SR \*First & Middle Name(s): \_\_\_\_\_

\*Surname: \_\_\_\_\_ Other Official Name: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ (mmmm/dd/yyyy) \*Social Sec #: \_\_\_\_\_

\*Country of Birth: \_\_\_\_\_ \*Gender:  MALE  FEMALE

**B. ACCOUNT HOLDER CITIZENSHIP & IDENTIFICATION DETAILS**

\*Nationality 1: \_\_\_\_\_ \*Photo ID 1 Type:  DRIVER'S LICENSE  PASSPORT  NATIONAL ID

\*ID 1 Expiry Date: \_\_\_\_\_ (mmmm/dd/yyyy) \*Country of Issue: \_\_\_\_\_ \*ID 1#: \_\_\_\_\_

\*Photo ID 2 Type:  DRIVER'S LICENSE  PASSPORT  NATIONAL ID \*Country of Issue: \_\_\_\_\_

\*ID 2#: \_\_\_\_\_ \*ID 2 Expiry Date: \_\_\_\_\_ (mmmm/dd/yyyy)

Nationality 2: \_\_\_\_\_ \*Photo ID Type:  DRIVER'S LICENSE  PASSPORT  NATIONAL ID

\*ID 1#: \_\_\_\_\_

Nationality 3: \_\_\_\_\_ \*Photo ID Type:  DRIVER'S LICENSE  PASSPORT  NATIONAL ID

\*ID 1#: \_\_\_\_\_

Nationality 4: \_\_\_\_\_ \*Photo ID Type:  DRIVER'S LICENSE  PASSPORT  NATIONAL ID

\*ID 1#: \_\_\_\_\_

**C. ACCOUNT HOLDER CONTACT DETAILS**

\*Contact Numbers: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Website: \_\_\_\_\_

**D. ACCOUNT HOLDER ADDRESS DETAILS**

**Residential Address:** \_\_\_\_\_ **Mailing Address:**  SAME AS RESIDENTIAL ADDRESS (Select if applicable)

Address Line 1: \_\_\_\_\_ Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

Country: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**E. ACCOUNT HOLDER OCCUPATION DETAILS (MARKETING DETAILS)**

\*Employment Status:  EMPLOYED  UNEMPLOYED  SELF EMPLOYED  RETIRED  STUDENT \*Gross Annual Salary/Pension: \$ \_\_\_\_\_

\*Name of Employer/Institution: \_\_\_\_\_

\*Job Title: \_\_\_\_\_ \*Education:  COLLEGE  POST GRAD  PRIMARY  SECONDARY  TERTIARY  UNIVERSITY

**E.1 EMPLOYER'S/INSTITUTION'S ADDRESS (If retired list address of previous employer)**

Address Line 1: \_\_\_\_\_ Address Line 2: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**E.2 SOURCE OF WEALTH** (If **retired**, please describe, concisely, how your net worth has been generated)

**F. MARKETING DETAILS**

\*Preferred method of contact during your relationship with us: E-MAIL FAX POST (MAIL) TELEPHONE

To assist us in our market research, please indicate where/how you were first introduced to Bank of Saint Lucia Limited:

BILLBOARD E-BLAST MAGAZINE NEWSPAPER RADIO REFERRAL SOCIAL MEDIA TV Ad WEB BANNER WEBSITE OTHER

**G. UNITED STATES (U.S) STATUS DECLARATION**

If you are a United States of America (US) National, Green Card Holder, or Resident Alien, please provide TIN: \_\_\_\_\_

\*Do you hold a *Power of Attorney* for an account in the United States of America? YES NO

If your response to the preceding is 'Yes', please state the accountholder's name: \_\_\_\_\_

\*Do you have a standing order to an account held in the United States of America? YES NO

**H. PRIMARY BANK DETAILS**

Name on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Bank Name: \_\_\_\_\_ City: \_\_\_\_\_

Address Line 1: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Address Line 2: \_\_\_\_\_ Country: \_\_\_\_\_

**I. POLITICALLY EXPOSED PERSON (P.E.P) DECLARATION**

The Money Laundering Prevention Act of Saint Lucia requires financial institutions to identify customers who are politically exposed. A **P.E.P.** means an individual who now holds, or has at any time in the past held, one or more of the following offices or positions: a senior official in the executive, legislative, administrative, military or judicial branches of a local or foreign government, senior official of a major local or foreign political party, any corporation, business or other entity formed by or for the benefit of a senior political figure and includes the following family member of such an individual: a spouse or common-law partner, a child, parents, in-laws and siblings.

**SECTION 1**

1. Do you hold or have you held a senior government, political, or military position? YES NO

**SECTION 1-1** (This section should be completed if you have answered "Yes" to Section 1 question 1 above)

**1.a)** Please indicate in **PEP Table 1** below, using the values from the following list, the last **five (5)** position(s) held and the period, in order of the least to most recent:

- |  |                                |  |
|--|--------------------------------|--|
| (1) Board member Financial Institution   | (7) Head of Supranational body | (12) Permanent Secretary                   |
| (2) Deputy Police Commissioner           | (8) Mayor                      | (13) Police Commissioner                   |
| (3) Embassy officials                    | (9) Member of Parliament       | (14) Senior Executive of a statutory board |
| (4) Executive member of Sports Committee | (10) Military General          | (15) Senior Member of the Judiciary        |
| (5) Head of Charity-based Organization   | (11) Minister of Government    | (16) Senior Official of political party    |
| (6) Head of state                        |                                |  |

**PEP TABLE 1**

POSITION NUM	COUNTRY IN WHICH POSITION IS/WAS HELD	FROM: (MMMM/DD/YYYY)	TO: (MMMM/DD/YYYY)

**SECTION 1-2** (This section should be completed if you have answered “No” to **Section 1** question 1 above)

2. Are you connected to one or more individuals who hold or have held a senior government, political or military position? Yes No

3. If you answered “Yes” to **Section 1-2** question 2 above, please complete **3.a)** and **3.b)** below.

**3.a)** Please indicate, the position(s) held by the individual(s) in the last **seven (7)** years, using the list in **Section 1.a)** in order of the **least** to **most** recent:

**3.b)** Please indicate your relationship(s) to the politically exposed person(s) (select all that apply):

- Aunt Brother in-law Business partner/Associate Child Close associate Grandparent Parent Partner Sibling Sister in-law  
Uncle

**J. AGREEMENT**

I hereby certify that the information provided above is true, accurate and complete and I have read, understood and by my signature hereunder agree to be bound by the General Terms & Agreement and Mandates for each of my accounts held with Bank of Saint Lucia Limited.

Signature: \_\_\_\_\_  
(mmmm/dd/yyyy)

(Signature Specimen for **PIF Number:** \_\_\_\_\_ )

**BANK USE ONLY**

Loaded by: \_\_\_\_\_  
Initial Name: Signature: (mmmm/dd/yyyy)

Verified by: \_\_\_\_\_  
Name: Signature: (mmmm/dd/yyyy)