



**ANSA MERCHANT BANK LIMITED**  
**CUSTOMER DUE DILIGENCE FORM - CORPORATIONS**

DATE    /   /   

**TYPE OF CUSTOMER**

- |  |   |
|--|---|
| <input type="checkbox"/> COMPANY                     | <input type="checkbox"/> FINANCIAL INSTITUTION      |
| <input type="checkbox"/> PARTNERSHIP                 | <input type="checkbox"/> CREDIT UNION               |
| <input type="checkbox"/> UNINCORPORATED ORGANIZATION | <input type="checkbox"/> OTHER, please state: _____ |

**(I) IDENTIFICATION INFORMATION**

- (1) Name of Customer: \_\_\_\_\_
- (2) Registered Address: \_\_\_\_\_
- (3) Business or Mailing Address (if different from the above): \_\_\_\_\_
- (4) Telephone No.: \_\_\_\_\_ (5) Fax No.: \_\_\_\_\_
- (6) Email Address: \_\_\_\_\_ (7) Internet Address: \_\_\_\_\_
- (8) Has a site visit been conducted by ANSA Merchant Bank Limited? Yes  No
- (9) If yes, date conducted: \_\_\_\_\_ (10) By whom: \_\_\_\_\_
- (11) Findings: \_\_\_\_\_
- (12) If customer is a foreign entity, has a bank reference letter been provided? Yes  No  N/A
- (13) Place of incorporation: \_\_\_\_\_ (14) Date of incorporation: \_\_\_\_\_
- (15) Company Registration: \_\_\_\_\_ (16) Registration issued by: \_\_\_\_\_
- (17) Date of Continuance: \_\_\_\_\_ (18) Vat Registration No.: \_\_\_\_\_
- (19) Tax Identification No.: \_\_\_\_\_

**Nos (20 - 22) are only applicable if the client is a Financial Institution**

- (20) Licensed by: \_\_\_\_\_
- (21) Licensed activities: \_\_\_\_\_
- (22) Name and Address of Regulators: \_\_\_\_\_

**(23) Please indicate all the required documents provided.**

- |  |                              |                             |                              |
|--|------------------------------|-----------------------------|------------------------------|
| (a) Certificate of Incorporation             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (b) Articles of Incorporation or Continuance | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (c) Certificate of Continuance               | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (d) By-Laws                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (e) Annual Return (current)                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (f) Power of attorney or other authorities   | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (g) Annual Report                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (h) Audited Accounts                         | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (i) Identification of Directors/Signatories  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| (j) Other                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |

If other, please explain: \_\_\_\_\_

**(II) BACKGROUND INFORMATION (if more space is required please include as an attachment).**

(1) Nature of Customer's Business: \_\_\_\_\_

(2) If applicable, list Affiliates and Branches, as well as names of Parent Company.

Parent Company Name and Address: \_\_\_\_\_

**Affiliates & Branches:**

Name	Address	Type of Business	% Owned

(3) If company is not publicly held, provide name, address and % ownership for each owner who directly or indirectly owns, controls or has voting power over 10% or more of any class of securities. This includes beneficial owners and silent partners if any.

Name	Address (no P.O. Boxes)	Date of Birth	% of Ownership

(4) Please indicate whether the following is applicable to any of your directors:

(a) A current or former senior official in the executive, legislative, administrative or judicial branch of government (local or foreign).

Yes  No

(b) A senior official of a major political party (local or foreign).

Yes  No

(c) A senior executive of a local or foreign government-owned commercial enterprise.

Yes  No

(d) A senior military official (local or foreign).

Yes  No

(e) Do you have any immediate relatives who fall under the categories listed above (a - d).

Yes  No

<b>I hereby confirm the accuracy of the information provided above</b>		
_____	_____	_____
<b>Print Name (Director/Company Secretary)</b>	<b>Signature</b>	<b>Date</b>

<b>For Bank Personnel Only</b>		
_____	_____	_____
<b>Print Officer's Name</b>	<b>Signature</b>	<b>Date</b>