

Customer Information Form – Company/Registered Business

**FOR BANK USE ONLY**

RIM Holding Branch \_\_\_\_\_  
RIM # \_\_\_\_\_

**SECTION I - Company Information**

(a) Business Name \_\_\_\_\_

(b) Registered Address \_\_\_\_\_

(c) Operating Address \_\_\_\_\_  
*(if different from registered address)*

(d) Business Website \_\_\_\_\_

(e) Company Contact Information \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail address \_\_\_\_\_

Country of Incorporation/Registration \_\_\_\_\_ Date business commenced \_\_\_\_\_

The above Addresses must be supported by one of the following original documents (please indicate which is presented):

- Water Bill       Electricity Bill       Telephone Bill (landline only)       Cable Bill

**Note: The document submitted must be dated no older than three (3) months with the registered address for the company. If the operating address differs from the registered address, proof of address must be provided for both locations. If the utility bill is not in the name of the company, please submit the lease agreement or attach an authorization letter from the utility bill holder.**

(f) Purpose for opening account (E.g. sales, operations, salaries etc.)      Operational banking for receipt of consulting fees and payment of business expenses

(g) Nature of business/Type of business activity (E.g. area of expertise) \_\_\_\_\_

(h) Principal Products      Business support services, management consulting, administrative & operational support, strategic advisory for corporate clients

(i) Primary Suppliers \_\_\_\_\_

(j) Primary Customer Base \_\_\_\_\_

(k) Country(ies) where customers are located \_\_\_\_\_

(l) Country(ies) where suppliers are located \_\_\_\_\_

(m) Country(ies) where operations are located \_\_\_\_\_

(n) Estimated **monthly** account activity

Account Number	Deposits	Withdrawals

**SECTION II - Company Documentation**

- Please provide the following original documentation/item (s) (Kindly tick the appropriate box if document is being provided):
  - Minutes / Board Resolution to open account
  - Certificate of Incorporation or Certificate of Continuance
  - Constitutional documents (e.g. Memorandum and Articles of Association)
  - Trade / Regulatory licence
  - Certificate of good standing
  - Register of directors
  - Register of members
  - Register of shareholders
  - Company By-Laws/ Board resolution if no By-Laws exist (necessary when applying for credit facilities)
  - Company Stamp (must reflect the Incorporated Business Name)
- Proof of income (please provide one (1) of the following):
  - Management Accounts OR Financial Statements (for the last three (3) years)
  - For a start-up entity (i.e., entities in operation for less than three (3) years): three (3) year estimates of income
  - Any other document to support source of funds (e.g., lease agreements, invoices, contracts) (applicable, if Management Accounts/Financial Statements cannot be provided) and/or signed Self Employed Income Verification (SEIV) form to support the source of funds. (The SEIV form can be obtained from the Sales Department).

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**SECTION III – Verification of Shareholders Holding More Than 10% of Total Shares**

(a) Please provide the following original documentation for each Shareholders & / or Nominee Shareholders stated in Annual Return provided:

Name of Shareholder	Individual/Entity	% Shareholding

**Required Documentation – Individuals**

- One (1) valid photo ID showing nationality (e.g., Passport, National ID, Election ID Card)
- Utility bill dated within the last **three (3) months**, addressed to the individual  
If the utility bill is not in the shareholder’s name, attach:
  - A **lease agreement** or
  - An **authorization letter** signed by the utility bill holder

**Note:** Two (2) forms of identification are required for any shareholder who is a Politically Exposed Person (PEP), is an associate to a PEP, or is otherwise required by law or Bank policy to provide additional documentation.

**Required Documentation – Entities**

- Certificate of Registration/Incorporation
- Most recent Annual Return
- Utility bill dated within the last **three (3) months**, showing the registered or operating address of the company

**SECTION IV – Verification of Beneficial Owners Who Are Not Shareholders or Who Hold Indirect Ownership Interest**

(a) Please provide a list of the names of all Beneficial Owners (B/O) who either hold indirect ownership interest or are not listed as shareholders in the Annual Return, Corporate Tree or equivalent documents.

Name of Beneficial Owner	Connected Entity	Nature of Ownership / Control (e.g., Owns 60% via XYZ Ltd, Control as trustee)

Please submit the following **original documents** for each individual listed above:

- One (1) valid **photo ID** that specifies **nationality** (e.g., Passport, National ID, Election ID Card)
- Utility bill dated within the last **three (3) months**, addressed to the beneficial owner  
If the utility bill is not in their name, attach:
  - A **lease agreement** or
  - An **authorization letter** signed by the utility bill holder

**Note:** Two (2) forms of identification are required for any B/O who is a Politically Exposed Person (PEP), is an associate to a PEP, or is otherwise required by law or Bank policy to provide additional documentation.

**SECTION V – Verification of Company Directors / Corporate Secretary / Signatories / Power of Attorney (PoA)**

(a) Please list the names of all Company Directors / Corporate Secretary / Signatories / Power of Attorney (PoA) below **(if applicable)**:

Name of Individual	Position	Signatory	
1.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
2.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
3.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
5.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide the following original documentation for each person listed in the table above:

- One (1) form of valid **photo ID** that specifies **nationality** (e.g., National ID Card, Passport, Election ID Card)
- Utility bill dated within the last **three (3) months**, addressed to the beneficial owner  
If the utility bill is not in their name, attach:
  - A **lease agreement** or
  - An **authorization letter** signed by the utility bill holder

**Note:** Two (2) forms of identification are required for any Company Director / Corporate Secretary / Signatories / PoA who is a Politically Exposed Person (PEP), is an associate to a PEP, or is otherwise required by law or Bank policy to provide additional documentation.

**SECTION VI – External Companies & Power of Attorney (PoA)**

(a) Will there be a PoA on this account?  Yes  No

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- (i) If 'YES', Name of PoA: \_\_\_\_\_
- (ii) Please provide the PoA Deed or a notarized letter signed by Directors granting third party access.  
The PoA must confirm in writing that the account will be used **STRICTLY** for the company's transactions.

(b) Is the company an External Company operating in the country?  Yes  No

If 'YES', please provide the following documents:

- (i) Copies of PoA filed at the Companies Registry (*if applicable*)
- (ii) Two (2) References (*Foreign Banker's Reference or bank statement no older than three (3) months from foreign bank & Reference from a Major Supplier/Relevant Association/Relevant Regulatory Agency/ Credit Bureau*)

**SECTION VII – Designated Non-Financial Business and Professionals (DNFBPs)**

**Note:** (i) *DNFBPs include: Legal practitioners, notaries public and accountants engaged in relevant business, such as:*

- *Buying and selling of real estate;*
- *Managing client money, securities, or other assets;*
- *Management of bank, savings or securities accounts;*
- *Organizing contributions for the creation, operation, or management of companies; and*
- *Creating, operating or managing of legal persons or arrangements, or buying and selling of business entities.*

*Also included are:*

- *Real estate agents engaged in a transaction for a client concerning the buying and selling of real estate;*
- *Dealers in precious metals/stones accepting cash payments of \$15,000 or more;*
- *High-value goods dealers (e.g., boats, vehicles, jewelry, art, machinery) accepting cash payments of \$15,000 or more.*

- (a) Is the business a DNFBP?  Yes  No
- (b) If 'YES' to the above provide/indicate the following:
- (i) Proof of Registration as a DNFBP with the FIA or local equivalent  Yes  No  N/A
- (ii) Does the business have a Compliance Officer/ Money Laundering Reporting Officer who is responsible for reporting suspicious transactions/activities?  Yes  No  N/A
- (iii) Confirmation letter on company letterhead signed by senior management indicating that a Compliance Programme exists and aligns with local AML/CTF/CPF legislation.  Yes  No  N/A

**SECTION VIII – Politically Exposed Person (PEP) Determination**

- (a) (i) Has any Controlling Person (Director/Corporate Secretary/Shareholder/Beneficial Owner, etc.) been entrusted with a local / foreign public function? *Public Functions may include: Head of State/Government, Senior Government Official, Senior Politician, Senior Executive of State-owned corporations, Military Official, Judicial Official, Important Political Party Officials, Senior Official of an International Organisation.*  Yes  No

(ii) If 'YES', please indicate the following:

Name of Company Official	Public Function/ Office	Country where position is/was held	Term of Service (Start/End Date) dd/mm/yyyy

- (a) (i) Is any Controlling Person (Director/Secretary/Shareholder/Beneficial Owner, etc.) a close associate or close relative of someone who is/was entrusted with a local/foreign public function? (*Close relative/associate may refer to parents, grand-parents, step-parents, siblings, spouse, children, step-children, cousin, aunts, uncles, in-laws or joint beneficial ownership of legal entities or legal arrangements with such persons*)  Yes  No

(ii) If 'YES' to (b (i)), please indicate the following:

Name of Company Official	Name of PEP	Public Function/Office	Country where position is/was held	Relationship	Term of Service (Start/End Date) dd/mm/yyyy



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**SECTION X - Common Reporting Standard (CRS) – Entity Classification**

Please provide the Account Holder’s status for CRS purposes by ticking **ONE** box only.

(1) Financial Institution – Investment Entity

If ticked, indicate which applies (tick ONE):

(i) Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

**[Note: if ticking this box, please also complete the Controlling Persons Section below]**

(ii) Other Investment Entity

(2) Financial Institution – Depository Institution, Custodial Institution or Specified Insurance Company

If you have ticked (1) or (2) above, please provide if held, the Account Holder’s GIIN by completed Section IX 8 above.

(3) Active NFE – a corporation, the stock of which is regularly traded on an established securities market, or a related entity of such a corporation

If you are a Related Entity of a regularly traded corporation, provide the name of the regularly traded corporation that the Entity in (3) Is a Related Entity of: \_\_\_\_\_

(4) Active Non-Financial Entity (Active NFE) – a Government Entity or Central Bank

(5) Active NFE- an International Organisation

(6) Active NFE – other than (3)– (5) (for example, a start-up NFE or a non-profit NFE)

(7) Passive NFE **[Note: if ticking the box, please also complete the Controlling Persons Section below]**

**Controlling Persons**

Complete this section **only** if you have ticked either:

- **(1)(i)** Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution, **or**
- **(7)** Passive NFE

**1. Name(s) of Controlling Person(s) of the Account Holder**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**2. Required attachments**

A Controlling Person Tax Residency Self-Certification form has been completed and attached for each Controlling Person listed above.

**Guidance (Controlling Persons)**

A **Controlling Person** is the person who exercises control over the Entity.

- **For trusts:** control is generally exercised by the settlor (s), trustee(s), protector(s) (if any), beneficiary (ies) or class owning or controlling generally  $\geq 10\%$ ;  $\geq 5\%$  for Anguilla and St Kitts & Nevis;  $\geq 20\%$  for Barbados; and  $\geq 25\%$  for St. Lucia and St. Maarten or more, and any other natural persons exercising ultimate effective control over the trust, including the controlling persons of any entity acting as settlor, trustee, protector or beneficiary.
- **For entities other than trusts:** control is generally exercised by natural persons owning or controlling generally  $\geq 10\%$ ;  $\geq 5\%$  for Anguilla and St Kitts & Nevis;  $\geq 20\%$  for Barbados; and  $\geq 25\%$  for St. Lucia and St. Maarten or more of the Entity. Where no such person exists, the senior managing official is deemed to be the Controlling Person.

**CRS – Declaration of Tax Residency**

Please indicate all jurisdictions in which the Entity is resident for tax purposes.

For the purposes of the Common Reporting Standard (CRS), residence is determined in accordance with the CRS and its commentaries. An Entity may be resident for tax purposes\* in more than one jurisdiction.

\* (For CRS reporting, an individual or entity is tax resident in a jurisdiction if, under that country’s tax laws, they are treated as resident for tax purposes due to factors such as residence, place of incorporation, or place of management and control. A person or entity may be tax resident in more than one jurisdiction.)

If the Entity has no tax residence, please indicate the jurisdiction in which its place of effective management is situated. Please indicate not applicable if jurisdiction does not issue or you are unable to procure a tax reference number or functional equivalent and indicate the reason below.

- Reason A** The country / jurisdiction where I am liable to pay tax does not issue TINs or equivalent numbers to its residents
- Reason B** The Account Holder is otherwise unable to obtain a tax reference number **(Please explain in the below table)**
- Reason C** No TIN or equivalent identifier is required under the domestic law of the relevant jurisdiction.

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Jurisdiction (s) of Tax Residency	Tax Reference Number Type (e.g., TIN, NINO, UTR, TRN) <sup>1</sup>	Tax Reference Number	If No Tax Reference Number is Available Select Reason A or B or C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
			<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

<sup>1</sup> Tax Reference Number: A unique number issued by a tax authority to identify an individual or entity for tax purposes. Depending on the jurisdiction, it may also be called a Tax Information Number (TIN), National Insurance Number (NINO), or Unique Taxpayer Reference (UTR).

If Reason B is selected, please explain below.

Jurisdiction Name	Reason

**SECTION XI - Entity Declaration and Undertaking**

I/We declare (as an authorized signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

I/We further declare that the Entity’s CRS and FATCA classifications have been correctly determined, that all tax residency information, U.S. indicia and substantial U.S. ownership (where applicable) have been fully disclosed, and that all information provided for CRS and FATCA purposes is accurate and complete.

I/We undertake to advise the recipient promptly and provide an updated Self-Certification form within thirty (30) days where any change in circumstances occurs, including changes affecting CRS or FATCA status, tax residency, U.S. ownership or classification, which causes the information contained in this form to be inaccurate or incomplete.

Where legally obliged to do so, I/we hereby consent to the recipient sharing this information with the relevant tax information authorities.

I/We acknowledge that incorrect or incomplete CRS or FATCA information may result in reporting to tax authorities and other regulatory consequences.

I/We understand that the Bank may review this self-certification for accuracy and completeness and may request additional information or supporting documents if required.

***I/We acknowledge that it is an offence to make a Self-Certification that is false in a material particular.***

Authorised Signatory: Jane Exampleton

Authorised Signatory: David Placeholder

Position/Title: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sample for Illustration Only**

To be signed by an authorized Signatory, Senior Officer or Director of the Entity, Partner if Partnership, Trustee if Trust, Executor / Administrator if Estate.

**Company Stamp**



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Reasonableness & Completeness Check - Entity / Controlling Persons

A. Form Completion

- Entity self-certification completed
- Controlling Person (CP) self-certifications attached
- TINs provided or valid Reason A/B/C

B. Consistency & Reasonableness

- Entity activity matches classification
- U.S. indicia identified and resolved (where applicable)
- Any foreign indicia identified and explanation documented
- Active vs Passive NFE assessment reasonable
- CP details align with entity documents
- Any inconsistencies explained

Final Outcome

- Accepted
- Re-submission required

Notes (if applicable):

\_\_\_\_\_  
Interviewing Officer

\_\_\_\_\_  
Date (dd/mm/yyyy)

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date (dd/mm/yyyy)

**Branch Stamp**