



Non-Personal Customer Data Sheet

FOR OFFICIAL USE ONLY

RIM Account # _____

Account # _____

SECTION A – To be completed by all Applicants

(I) Business Information

Business Name _____

Chamber of Commerce & Industry reg. # _____

Business Address _____

Business type (Public Limited) Company Limited Partnership Foundation
 Partnership Club/Association Foreign Company
 Sole Trader Cooperation

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

Electricity bill Water bill Telephone bill Cable bill

Note: The document submitted must be dated within the past three (3) months to the registered address for the company

Company Contact Information: _____ Telephone _____ E-mail address/ website _____

Country of Incorporation/Registration _____ Registration date _____

(II) Understanding the relationship

(i) Purpose for opening account _____
(E.g. sales, donations, membership dues etc.)

(ii) Nature of business/
 Type of business activity _____
(E.g. area of expertise)

(iii) Source of Funding _____

(iv) Principal Products/Services _____

(v) Primary Suppliers _____

(viii) Estimated level of activity **annually** \$ _____ \$ _____
Deposits Withdrawals

SECTION B – To be completed by Key Principals of Sole Trader/ Partnership businesses

Financial Information & Objectives

(a) Net Worth (Please complete table below)

Value of Home (Divide by 2 if jointly owned)	
Mortgage (Deduct)	
Value of Stocks Held (Add)	
Value of Cars (Add)	
Value in other Accounts (Add)	
Value of other owned properties (Add)	
Miscellaneous Values (Add)	
NET WORTH (Total)	

Value of Home (Divide by 2 if jointly owned)	
Mortgage (Deduct)	
Value of Stocks Held (Add)	
Value of Cars (Add)	
Value in other Accounts (Add)	
Value of other owned properties (Add)	
Miscellaneous Values (Add)	
NET WORTH (Total)	

(b) Primary Source Of Net Worth: _____

(c) Total Value of Liabilities _____

(d) Expenditure (Monthly) _____

SECTION C – Financial & Non- Financial Service Providers

Note: (i) Financial Service Providers include: Banks, Stockholders, Life Insurance companies, Money Remitters & Credit Unions.

(ii) Non-Financial Service Providers include: Notaries, Brokers, Administration Offices, Accountants, Lawyers Accountants or other persons performing the functions of an Accountant or other Independent Legal Professionals, Traders in gold, precious metals and precious stones (jewelers) Car dealerships (car dealers) & Gaming Providers.

Is the company a Financial & Non- Financial Service Provider? Yes No

If yes, the following documentation is required: (please indicate which are provided)

- Proof of Registration as a Financial & Non- Financial Service Providers with the Meldpunt Ongebruikelijke Transacties Suriname
- Please complete the following checklist, confirming whether a Compliance Program exists and is in line with the with the ACT of 29 february 2016, amending the Act Identification Obligations Service Providers (SB 2002 No. 66).

No.	COMPLIANCE PROGRAMME QUESTIONNAIRE	YES	NO
1	Is the AML Compliance program approved by the FI's board or a senior committee with a designated Officer responsible for overseeing this program?	<input type="checkbox"/>	<input type="checkbox"/>
2	Does the institution have written policies designed to prevent money laundering, prevent, detect and report suspicious transactions and reasonably ensure that they do not conduct transactions with or on behalf of shell companies?	<input type="checkbox"/>	<input type="checkbox"/>
3	Does the FI have a Risk Based assessment of its customer base and their transactions with the appropriate Level of Enhanced Due Diligence for customers and transactions that are deemed to be of an increased risk of illicit activities?	<input type="checkbox"/>	<input type="checkbox"/>
4	Does the FI have a process to review high risk client's information?	<input type="checkbox"/>	<input type="checkbox"/>
5	Does the FI implement processes for the identification of their customers and collect information regarding its customer's business activities and AML Policies and practices?	<input type="checkbox"/>	<input type="checkbox"/>
6	Does the FI record customer information and retain all records for a period of 5 years or more?	<input type="checkbox"/>	<input type="checkbox"/>
7	Does the FI have policies and practices for the identification and reporting of transactions that are required to be reported to the authorities?	<input type="checkbox"/>	<input type="checkbox"/>
8	Does the FI screen customers and transactions against persons, entities or countries issued by the government/competent authorities?	<input type="checkbox"/>	<input type="checkbox"/>
9	Does the FI have policies to reasonably ensure that it only operates with correspondent banks that possess licenses to operate in their countries of origin?	<input type="checkbox"/>	<input type="checkbox"/>
10	Is there an annual staff AML training program in place?	<input type="checkbox"/>	<input type="checkbox"/>
11	Has your institution been subject to any money laundering/terrorist financing investigations or other regulatory action (s) in your country or in any other country?	<input type="checkbox"/>	<input type="checkbox"/>
12	Does the FI adhere to the Wolfsberg Transparency Principles and the appropriate usage of the Swift MT 202/202COV and MT 2055/205COV Message formats?	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D – Company Documentation

Please provide the following **original** company documentation based on the business/organization type:
(Kindly tick the appropriate box if document is being provided)

(A) N.V./C.V./ FOREIGN COMPANY	(B) EEMANSZAAK/ V.O.F	(D) STICHTING
<input type="checkbox"/> Articles of Incorporation/ Certificate of Continuance <input type="checkbox"/> Notice of Directors (N.V.) <input type="checkbox"/> Notice of Address/ Notice of Change of registered office <input type="checkbox"/> Company By Laws <input type="checkbox"/> Annual Return (last filed) <input type="checkbox"/> Permit of the Ministry of Commerce and Industry (if Applicable) <input type="checkbox"/> Letter signed by the MD or CEO authorizing the opening of the account or the establishment of the relationship with RBSR	<input type="checkbox"/> Permit of the Ministry of Commerce an Industry (if Applicable) <input type="checkbox"/> Partnership Agreement (V.O.F.) (C) VERENIGING/COOPERATIE <input type="checkbox"/> Articles / Charter of Incorporation With Presidential approval <input type="checkbox"/> List of Members <input type="checkbox"/> Annual return (last filed) <input type="checkbox"/> Request in writing from the Board to open the account <input type="checkbox"/> Copy of most recent AGM minutes	<input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Notice of Board <input type="checkbox"/> List of Members <input type="checkbox"/> Copy of most recent AGM minutes <input type="checkbox"/> Annual return (last filed) <input type="checkbox"/> Copy of most recent AGM minutes <input type="checkbox"/> Minute/Board Resolution to open Account <input type="checkbox"/> Notice of donors and or Contributors <input type="checkbox"/> Request in writing from the Board to open the account
TO BE PROVIDED BY ORGANIZATIONS A-D		
<input type="checkbox"/> Chamber of Commerce and Industry Extract <input type="checkbox"/> Start- up entity- an opening Balance Sheet & Cash Flow projections	<input type="checkbox"/> Audited Financials / Management Accounts (for the last three (3) years) <input type="checkbox"/> Power of Attorney (if applicable)	<input type="checkbox"/> Banker's Reference (applicable if no Management Accounts held) <input type="checkbox"/> Business website address (proof of validation of address; if applicable)

SECTION E – External Companies & Third Party Signatories (Power of Attorney)

(a) Will there be a Power of Attorney on this account? Yes No

- If yes, (i) Name of Power of Attorney: _____
 (ii) Please provide the Power of Attorney Deed or a notarized letter signed by Directors granting third party access
 (iii) The Power of Attorney must confirm in writing that the account will be used **STRICTLY** for the company’s transactions.

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

- If yes, please provide the following documents:
 (i) Copies of Power of Attorney filed at the Companies Registry
 (ii) Two (2) References (**Banker’s Reference & Reference from a Major Supplier/Relavant Association/Relevant Regulatory Agency/ Credit Bureau**)

SECTION F – To be completed by Naamloze Vennootschap (N.V.)

(I) Verification of Shareholders holding over 10% of total shares

Name of Shareholder/ Nominee Shareholder	% Shareholding held	National ID/DP/PP Registration #	ADDRESS: (please provide documentary evidence)

Please provide the following documents for all Shareholders and /or Nominee Shareholders named above.

- Two forms of National Identification (National ID Card, Passport, Driver’s Permit)
- Utility Bill/ Proof of Address (Electricity, Water, Telephone, Cable/ Civil Registry Extract)

Note: The document submitted must be dated within the past three (3) months and addressed to the shareholder. If the Utility bill is not in shareholder’s name, please attach an authorization letter signed by the Utility owner along with a copy of their identification

SECTION G – To be completed for all Applicants

(I) Verification of Directors/Signatories/Sole Traders/Partners/Power of Attorneys/Key Functionaries/ Members of the Governing Body or Board of Trustees

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

Please provide the following documents for the individuals listed above;

- Two forms of National Identification (National ID Card, Passport, Driver’s Permit)
- Utility Bill/ Proof of Address (Electricity, Water, Telephone, Cable/ Civil Registry Extract)

Note: The document submitted must be dated within the past three (3) months and addressed to the shareholder. If the Utility bill is not in shareholder’s name, please attach an authorization letter signed by the Utility owner along with a copy of their identification

SECTION H - Other

(a) Has any person listed in **Section F&G** above been entrusted with a local/foreign public function within the past five (5) years? Yes No

(Examples of Public Functions include: Head of State/Government, Senior Government Official¹, Senior Politician², Senior Executive of State-owned corporations³, Military Official, Judicial Official, Important Political Party Officials⁴, Senior Official of an International Organization)

(b) If yes, please indicate the public function(s) and term(s) of service _____

¹ Senior Government Official – Permanent Secretary or an individual holding equivalent positions in a foreign country

² Senior Politician – Senators, Ministers of Parliament, Mayors

³ Senior Executive of State-owned corporations – Chairman, Deputy Chairman, President or Vice President of the Board of Directors, Managing Director, General Manager, Comptroller, Secretary, Treasurer

⁴ Important Political Party Official – Chairman, Deputy Chairman, Secretary, Treasurer

I/ We confirm that the information provided on this form is true and correct.

Customer Signature

Date (dd/mm/yyyy)

Customer Signature

Date (dd/mm/yyyy)

Customer Signature

Date (dd/mm/yyyy)

Customer Signature

Date (dd/mm/yyyy)

Organizational Stamp

Certificate Declaration and Consent

I, the undersigned, hereby declare to have received:

- The General Bank Terms and Conditions
- The Savings Regulation

The undersigned further declares that he has had the opportunity to review these terms and to ask questions and expressly agree that these terms apply to any relationship between the bank and its relationship (s), including the relationship with the undersigned, both for himself as in any capacity.

Customer Signature

Date (dd/mm/yyyy)

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Additional Comments:

Account Manager

Date (dd/mm/yyyy)

Supervisor / Manager

Date (dd/mm/yyyy)