

SECTION 1: PERSONAL DATA

Title <input type="checkbox"/> Miss <input type="checkbox"/> Mrs. <input type="checkbox"/> Mr. Other _____		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Other _____	
First Name:		Middle Name:		First Name:	
Maiden Name (if applicable):		Other Name:			
Spouse's Full Name:				Date of Birth (dd/mm/yyyy)	

SECTION 2: CITIZENSHIP AND RESIDENCY

Country of Birth:		Country of Residency:	
Country of Citizenship:		Residency Classification/Status	
Other Citizenship? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list countries below)		Green Card Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Residency Card Holder <input type="checkbox"/> Yes <input type="checkbox"/> No of any other country?	

SECTION 3: ADDRESSES

Permanent/Current Residence Address: (where you live)		Proof of Residence Address: (Document issued within the last 3 month):	
Street No & Name:		<input type="checkbox"/> Barbados Water Authority Utility Bill	
District/City/Town:		<input type="checkbox"/> Barbados Light & Power Company Utility Bill	
Parish/State/Province:		<input type="checkbox"/> Telecommunications Utility Bill	
Country:		<input type="checkbox"/> Official Government/Tax Receipt	
Postal Code/Zip Code:		<input type="checkbox"/> Bank Statement	
		<i>If the document submitted is not in your name, please submit the Lease Agreement or the Address Verification Letter signed by the Utility owner.</i>	
Mailing (Alternate) Address: (if different from Permanent/ Current Residence Address):		Previous Address: (if changed within the last 5 years)	
Street No & Name:		Street No & Name:	
District/City/Town:		District/City/Town:	
Parish/State/Province:		Parish/State/Province:	
Country:		Country:	
Postal Code/Zip Code:		Postal Code/Zip Code:	

SECTION 4: CONTACT INFORMATION

Email Address		
Telephone: e.g. (xxx)xxx-xxxx		
Home Phone No.:	Mobile Phone No.:	Work Phone No.:

SECTION 5: EMERGENCY CONTACT OR NEXT OF KIN INFORMATION

Title: <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Mr Other _____		Address:	
Last Name:		Country:	
First Name:		Postal Code/Zip Code:	
Middle Name:		Relationship:	
Telephone e.g. (xxx) xxx-xxxx Home Phone No.:	Mobile Phone No.:	Work Phone No.:	
Email:			

SECTION 6: PERSONAL IDENTIFICATION (ID) INFORMATION

Type of ID: <input type="checkbox"/> Passport <input type="checkbox"/> Driver's Licence <input type="checkbox"/> National ID	
Note: The original and valid forms of identification must be presented upon submission of this application. Please provide details of any one (1) of the following forms of identification. Two (2) forms of ID are required for a PEP or PEP-A or any other high risk customer e.g. a national of a high risk country).	
ID Number:	Expiry date (dd/mm/yyyy):

SECTION 7: TAXPAYER IDENTIFICATION INFORMATION

Taxpayer ID Type: <input type="checkbox"/> TIN <input type="checkbox"/> SSN <input type="checkbox"/> ITIN <input type="checkbox"/> SIN <input type="checkbox"/> Other _____																					
Taxpayer ID No.:	Tax Exemption No.: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																				
Country of Issue:																					

SECTION 8: EMPLOYMENT INFORMATION

<input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Self-employed (Registered) <input type="checkbox"/> Self-employed (Unregistered)	
<input type="checkbox"/> Unemployed <input type="checkbox"/> Student	Are you a pensioner? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Retired If retired, please state previous occupation:	
Occupation/Profession/Job Title:	Industry:
Name of Employer/School:	Start Date:
Street No. & Name:	
District/City/Town:	
Parish/State/Province:	
Country:	Zip Code/Postal Code:
Business Phone: () Ext#	Fax No:
Business Email Address:	

SECTION 9: RISK APPETITE

<input type="checkbox"/> Aggressive (High Risk) <input type="checkbox"/> Moderate (Medium Risk) <input type="checkbox"/> Conservative (Low Risk)
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SECTION 10: POLITICALLY EXPOSED PERSONS (PEPS)

Are any of the account holders, signatories, Power of Attorney, or their immediate family members (parents, siblings, spouse, children, and/or in-laws); a current or former senior official in the military, executive, legislative or administrative arms of government, or judiciary of your country of residence or a foreign government or a senior officer of a foreign Political Party, or a senior executive of an enterprise owned by your country of residence or a foreign government?

Yes No If yes, Enhanced Due Diligence is required.

SECTION 11: ACKNOWLEDGEMENT AND DISCLOSURE
ACKNOWLEDGEMENT

I acknowledge that the information requested by this form is required for the purpose of VM Wealth Funds Limited complying with its legal and regulatory requirements. In the event that full and adequate information is not provided, VM Wealth Funds hereby expressly reserves the right at its sole discretion to close the account upon giving at least fourteen (14) days prior notice in writing.

DISCLOSURE

VMWF is hereby authorised to disclose to third parties any information about the account holder and the accounts held by the account holder and shall not be liable whatsoever in relation to any information disclosed in any or all of the following circumstances:

- a. The subsidiaries and affiliates or organisations within the VM Group including overseas operations.
- b. To provide your personal and non personal information to credit agencies or credit bureaus AND to request your personal and non personal information from credit agencies or credit bureaus, financial institutions or any creditor in respect of your credit worthiness.
- c. If VM Wealth Funds shall deem it necessary to make such disclosures to protect the interest of the company from any harm, loss or injury.
- d. To comply with any requirement for disclosure imposed by laws applicable to the business activities and operations of the company, or pursuant to the directives of the court having jurisdiction in relation to the business activities and operations of VM Wealth Funds, or to such duly empowered government agency or department or in circumstances where applicable laws of a foreign jurisdiction applies to the business activities and operations of VM Wealth Funds, including but not limited to compliance with financial regulatory requirements and tax compliance laws.
- e. In any other circumstances in which the account holder shall give written authorization to make such disclosure.
- f. To government authorities in other countries where you hold residency or citizen status or you are subject to the applicable taxation laws in other countries in respect of accounts held with VM Wealth Funds, in compliance with laws in respect to foreign account reporting requirements or any agreement entered into by VM Wealth Funds with such government agency.

I have received the terms and conditions through electronic mail and have reviewed, understood and agreed to be bound by the various terms and conditions of the account operation agreement and acknowledge that same may be amended by VM Wealth Funds in its sole discretion at any time and from time to time, as permitted under those terms and conditions.

I authorize VM Wealth Funds to obtain independent verification of this information, if necessary

Client's Name:	Client's Signature:	Date:
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To be completed by a Justice of the Peace or Attorney at Law if this form &/or supporting documents are signed outside of the VM Wealth Funds Limited.

I hereby certify that the signature appearing on this form and on the accompanying documents was affixed in my presence, by the named applicant.

Name of Witness: _____

Signature of Witness: _____

Date: _____

Please place Stamp or Seal in this Box

FOR INTERNAL USE ONLY		
NAME	SIGNATURE	DATE
Entered by:		
Approved by:		
High Risk Approval by:		
Comments :		
	Client's Mnemonic:	