



## KNOW YOUR CUSTOMER FORM

***(Individuals):***

Full Name **(in block)**: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Current Address:  
*(attach utility bill):* \_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_  
*(if retired, state last occupation held and date of retirement)*

Current Employer  
*(name and address):* \_\_\_\_\_  
\_\_\_\_\_

Photo Identification #

*(National ID/  
Driver's Permit/Passport):* \_\_\_\_\_  
*(attach copy)*

Contact Number(s): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

***(Companies and Partnerships):***

Name of Company/Business Name: \_\_\_\_\_

Registered Address: \_\_\_\_\_  
\_\_\_\_\_



Mailing Address  
(if different from above): \_\_\_\_\_  
\_\_\_\_\_

Company No./  
Business Registration No.: \_\_\_\_\_  
(attach copy of Certificate of Registration/Incorporation/Continuance)

Nature of Business: \_\_\_\_\_

Names and Residential Addresses of Directors/Partners/Officers/Shareholders holding  
10% or more of Company's shares:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***(Self-Employed Individuals):***

Type of Business (attach evidence of training: certificates/diplomas, etc., and copies of  
licences, government issued badges etc.):

\_\_\_\_\_  
\_\_\_\_\_

Customer's signature: \_\_\_\_\_

Signature of BAT representative (for walk-ins) \_\_\_\_\_

Date: \_\_\_\_\_

Date received by BAT: \_\_\_\_\_

BAT KYC Supplemental form 1- QUESTIONNAIRE FOR POLITICALLY EXPOSED PERSONS  
(Reg. 20, Financial Obligations Regulations 2010 as amended)

1. Are you the Chairman, Deputy Chairman, Secretary or Treasurer of a Political Party registered in accordance with the Representation of the People Act Ch 2:01 of Trinidad and Tobago?  
(Yes \_\_\_\_\_, No \_\_\_\_\_)
2. Do you hold a position similar to the one described in question 1 above in another country?  
(Yes \_\_\_\_\_, No \_\_\_\_\_)
3. Are you the Head of State or the Head of Government or a senior politician<sup>1</sup> or a senior government official<sup>2</sup> of Trinidad and Tobago or of another country? (Yes \_\_\_\_\_, No \_\_\_\_\_)
4. Are you a judicial or military official of Trinidad and Tobago or of another country? (Yes \_\_\_\_\_, No \_\_\_\_\_)
5. Are you a senior executive of a State-owned company/enterprise/corporation?<sup>3</sup> (Yes \_\_\_\_\_, No \_\_\_\_\_)
6. Are you an officer, director, board member or hold such other prominent function or position as senior management in an international organization? (Yes \_\_\_\_\_, No \_\_\_\_\_)
7. Are you a parent, sibling, child, spouse or child of the spouse of a person who is such a person as described under Questions 1-6 above? (Yes \_\_\_\_\_, No \_\_\_\_\_)
8. Are you a close personal or professional associate of a person who is such a person as described under Questions 1-6 above? (Yes \_\_\_\_\_, No \_\_\_\_\_) (Yes \_\_\_\_\_, No \_\_\_\_\_)<sup>4</sup>
9. Are you retired from or the former holder of any of the offices or positions described in nos. 1-6 of this form? (Yes \_\_\_\_\_, No \_\_\_\_\_)

If yes, what is the position or office you formerly held and when did you cease to hold that position?

Position: \_\_\_\_\_

Date you demitted that office: \_\_\_\_\_

Signed by : \_\_\_\_\_

Witnessed by: \_\_\_\_\_

<sup>1</sup> **Senior politician** means (a) a person elected to office in national, local or Tobago House of Assembly elections; or (b) a person appointed to serve as a Senator in the Parliament of Trinidad and Tobago, appointed to serve on the Tobago House of Assembly under the Tobago House of Assembly Act or selected to serve as an Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act;

<sup>2</sup> **Senior government official** means a Permanent Secretary or any other person appointed as an Accounting Officer under the Exchequer and Audit Act or individual holding equivalent positions in a foreign country

<sup>3</sup> **Senior executive** means (a) the chairman, deputy chairman, president or vice-president of the board of directors; (b) the managing director, general manager, comptroller, secretary or treasurer; or (c) any other person who performs for the body corporate functions similar to those normally performed by the holder of any office specified in paragraph (a) or (b) and who is duly appointed to perform those functions

<sup>4</sup> A representative of BAT is also required to indicate whether the person before him/her is publicly or actually known to be a close personal or professional associate of a PEP





KNOW YOUR CUSTOMER SUPPLEMENTAL FORM

RE THE TAX INFORMATION EXCHANGE AGREEMENT (USA) ACT 2017 AND THE IGA BETWEEN THE USA AND T&T

- 1. Name of Customer:
2. Date of birth:
3. Address (local):
4. Address (U.S.):
5. Are you a US PERSON/ENTITY?(see Note 1 on page 2): Yes [ ] No [ ]
6. If yes to 5, please provide US TIN (i.e. US Federal Taxpayer Identification Number):
7. If yes to 5, please provide US Social Security Number (if you don't have a US TIN):
8. If yes to 5, kindly indicate your FINANCIAL ACCOUNTS (see note 2 on page 2) with this institution in Table A, provided on page 3

Declaration:

In accordance with the Intergovernmental Agreement entered into between the Governments of Trinidad and Tobago and the United States of America and the Tax Information Exchange Agreements (USA) Act passed on March 20th 2017, the Customer acknowledges that British American Insurance Company (Trinidad) Limited is obligated to disclose to the Board of Inland Revenue (hereinafter 'the competent authority') the information contained in this form including sensitive personal information and information on any accounts held by the customer (if the Customer is a US person) with British American Insurance Company (Trinidad) Limited, and the customer declares that the information contained in his form is true and correct.

Should you fail to comply by completing this form, this will be reported to the competent authority and recalcitrant persons may be subject to a withholding penalty.

In the course of my/our contractual relationship with British American Insurance Company (Trinidad) Limited (The Company), I/we will inform The Company immediately of any changes relating to my/our U.S. status, as certified herein. If I/we should become a U.S. person/entity under the tax laws of the United States, I/we will inform The Company of all relevant changes in this regard, (e.g. change of address, etc.).

I/we acknowledge that U.S. related assets, if any, held by the company or any entity or relationship in any account for or on my/our behalf, as well as the income on these accounts, may become subject to tax or other duties in the United States. I/we confirm all taxes, duties and other financial obligations relating to the account will be met. I/we hereby waive my/our right to any claim against The Company for any losses and/or other costs resulting from or relating to any tax liability in the United States.

I am/we are solely responsible for providing accurate information to the Company, to certify my/our U.S. or Non-U.S. status. I/we understand that I am/we are liable under U.S. law, if inaccurate information is provided.

If the information in this form is not supported by the information held by The Company, I/we will be asked to re-submit this form.

Please note that The Company, its staff, agents or officers cannot provide any U.S. tax or other advice as to whether you are/ are not a U.S. person/entity based on the responses provided in this Declaration Form.

[ ] Please tick this box as having read and agreed to the above Terms and Conditions.

Form with sections for Personal Customer and Business/Entity, including fields for Name, Signature, and Date.

Company Stamp field

**Note 1:**

**US person means**

- a. US citizen or resident individual
- b. Partnership or corporation organized/incorporated in the US or under the laws of the US or any State thereof, or organized or incorporated elsewhere but is under the control of a US person (10% or more shareholding)
- c. A trust over which a US court could exercise jurisdiction over its administration and where at least one of the trustees is a US person
- d. The estate of a deceased that is a US citizen or resident
- e. Person with 'US indicia' defined in the Intergovernmental Agreement (IGA), i.e.

US Indicia (for reportable accounts)

- a) US Citizen or US Resident
- b) Place of birth is the United States of America \*
- c) Current mailing or residence address is in the US, including a US P.O.Box \*
- d) Has a US telephone number\*
- e) Has standing instructions with the Company to transfer funds to an account maintained in the US\*
- f) The person acting under a Power of Attorney or as a signatory authority on the account is a person with a US address\*
- g) Has an 'in care of' or 'hold mail' address that is the sole address on file for the account holder.
- h) British American has actual knowledge that the person is a US person

\*Exception: This item will not qualify as US indicia if the customer certifies it is not a US citizen or resident by way of an IRS Form W-8 for tax purposes and holds a non-US passport or other government issued identification or other document certifying loss of US nationality

**Note 2:**

**Financial account** means any account held with a financial institution, or any equity (including shares), debt interest, security, cash value insurance contract or annuity contract

**TABLE A: Accounts held by US persons/entities:**

Institution	Account Holders (Including any assignees – Specify the latter)	Account Number	Type of Account (Equity, Debt, Shares, Insurance Contract with Cash Value etc.)	Value of Account (TT/US Currency) As at Dec 31 <sup>st</sup> 2016 and/or Dividends credited in 2016