BCIC Barbados

Know Your Customer Form (Individuals)

The Money Laundering and Financing of Terrorism (Prevention and Control Act 2011-23 of the Government of Barbados require BCIC to identify and verify its customers hence this information is being collected.

1. TITLE: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐Other_____

2. MARITAL STATUS :

☐ Married ☐Divorced ☐Separated ☐ Single ☐ Common Law ☐Widow(er)

3. LAST NAME	FIRST NAME	MIDDLE NAME	OTHER NAMES (INCLUDING (ALAISES)

4. PLEASE TICK IDENTIFICATION TYPE BEING USED: ☐ Driver's Licence ☐ Passport ☐National ID

☐ Other (please specify) _____

5. DATE OF BIRTH	6. PLACE OF BIRTH	7. NATIONALITY

8. PLEASE STATE YOUR HOME ADDRESS (where you are currently residing)

9. TELEPHONE NUMBERS	Home	Work	Mobile	Fax

10. EMAIL ADDRESS

11. OCCUPATION (**"businessman"** or **"businesswoman"** is not acceptable)

12. EMPLOYMENT STATUS: ☐ Full-time ☐ Part-time ☐ Self-employed ☐ Student ☐ Retired ☐ Unemployed

13. NAME OF EMPLOYER (if employed on a full-time or part-time basis)	14. ADDRESS OF EMPLOYER
15. NATURE OF YOUR BUSINESS (if self-employed)	16. ADDRESS OF SELF-EMPLOYMENT

17. WHAT IS THE SOURCE OF FUNDS USED TO PAY YOUR PREMIUM? salary ☐ savings ☐ pension ☐

other (please specify) _____

18. DO YOU HOLD A PROMINIENT PUBLIC OFFICE e.g. in the governmaent, military, judiciary, political or an international institutution?

☐ Yes ☐ No

If the answer to question 18 is YES, what is your title _____

What is the name of the organizaton in which the prominient public office is held?_____

19**. Documents to be submitted:**

i. Proof of identity: ☐National Identification ☐Passport ☐Driver's Licence ☐Other (please specify)_____

ii. Proof of address: ☐Telephone Bill ☐Electricity Bill ☐Water Bill ☐Other (please specify)_____

20. **FOR OFFICE USE ONLY**

Original documents checked and copies taken:

Name:_____

Signature_____

Date_____

Last updated June 28, 2017