BCIC Barbados

Know Your Customer Form (Commercial)

he 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. Registered name of entity		2. Trading Name (if applicable)	
3. Type of Entity: ☐ Company ☐ SoleProprietorship ☐ Partnership ☐Charity ☐ Other_____			
4. Address of principal place of business	5. Address of registered office	6. What is the nature of your business?	
7. Mailing Address (if different from registered address)		8. Telephone Number(s)	9. Fax Number(s)
10. Email address			
11. What is the source of funds used to pay the premium?			

12. Does any of the beneficial owner(s), directors or substantial shareholders occupy a prominent public office in e.g. the government, military, political or an International organization?

☐ Yes ☐ No

If the response to question number 12. is **YES**, what is their title_____

What is the name of the organization in which the prominent public office is held _____

13. **Addiional information/documents required to be provided:**

i. Registration document of entity: ☐ Certificate and Articles of Incorporation/Continuance ☐ Certificate of Registration

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

iii. Valid Government ID for Directors, Beneficial Owners, Beneficial Shareholders, Trusees (where applicable)

14. **FOR OFFICE USE ONLY**

Original documents checked and copies taken

Name:_____

Signature_____

Date_____

Last updated June 28, 2017