

PERSONAL INFORMATION (PIF) UPDATE FORM

Please review the information below and indicate correctness and acceptance by signing in the space(s) provided below.

OFFICIAL USE ONLY	
PIF #:	
Date opened:	
Branch:	

* Denotes required information.

REASON FOR MAINTENANCE Change: **occupation** details Change: **contact** details Change: **residential** address Change: **mailing** address
 Change: **PEP** declaration Change: **personal** details Change: **ID** details Change: **signature**

A. ACCOUNT HOLDER PERSONAL DETAILS

BR DAME DR FR LADY MISS MR

*Title: MRS MS MSG PROF REV SIR SR *First & Middle Name(s): _____

*Surname: _____ Other Official Name: _____

*Date of Birth: _____ *Social Sec #: _____
(mmm/dd/yyyy)

*Country of Birth: _____ *Gender: MALE FEMALE

B. ACCOUNT HOLDER CITIZENSHIP & IDENTIFICATION DETAILS

*Nationality 1: _____ *Photo ID 1 Type: DRIVER'S LICENSE PASSPORT NATIONAL ID

*ID 1 Expiry Date: _____ *Country of Issue: _____ *ID 1#: _____
(mmm/dd/yyyy)

*Photo ID 2 Type: DRIVER'S LICENSE PASSPORT NATIONAL ID *Country of Issue: _____

*ID 2#: _____ *ID 2 Expiry Date: _____
(mmm/dd/yyyy)

Nationality 2: _____ *Photo ID Type: DRIVER'S LICENSE PASSPORT NATIONAL ID

*ID 1#: _____

Nationality 3: _____ *Photo ID Type: DRIVER'S LICENSE PASSPORT NATIONAL ID

*ID 1#: _____

Nationality 4: _____ *Photo ID Type: DRIVER'S LICENSE PASSPORT NATIONAL ID

*ID 1#: _____

C. ACCOUNT HOLDER CONTACT DETAILS

*Contact Numbers: Home: _____ Work: _____ Mobile: _____ Fax #: _____

E-mail address: _____ Website: _____

D. ACCOUNT HOLDER ADDRESS DETAILS

Residential Address: _____ **Mailing Address:** SAME AS RESIDENTIAL ADDRESS (Select if applicable)

Address Line 1: _____ Address Line 1: _____

Address Line 2: _____ Address Line 2: _____

Country: _____ Country: _____

Zip Code: _____ Zip Code: _____

E. ACCOUNT HOLDER OCCUPATION DETAILS (MARKETING DETAILS)

*Employment Status: EMPLOYED UNEMPLOYED SELF EMPLOYED RETIRED STUDENT *Gross Annual Salary/Pension: \$ _____

*Name of Employer/Institution: _____

*Job Title: _____ *Education: COLLEGE POST GRAD PRIMARY SECONDARY TERTIARY UNIVERSITY

F. UNITED STATES (U.S) STATUS DECLARATION

If you are a United States of America (US) National, Green Card Holder, or Resident Alien, please provide TIN: _____

*Do you hold a Power of Attorney for an account in the United States of America? Yes No

If your response to the preceding is 'Yes', please state the accountholder's name: _____

*Do you have a standing order to an account held in the United States of America? Yes No

G. POLITICALLY EXPOSED PERSON (P.E.P) DECLARATION

The Money Laundering Prevention Act of Saint Lucia requires financial institutions to identify customers who are politically exposed. A P.E.P. means an individual who now holds, or has at any time in the past held, one or more of the following offices or positions: a senior official in the executive, legislative, administrative, military or judicial branches of a local or foreign government, senior official of a major local or foreign political party, any corporation, business or other entity formed by or for the benefit of a senior political figure and includes the following family member of such an individual: a spouse or common-law partner, a child, parents, in-laws and siblings.

SECTION 1

1. Do you hold or have you held a senior government, political, or military position? Yes No

SECTION 1-1 (This section should be completed if you have answered "Yes" to Section 1 question 1 above)

1.a) Please indicate in PEP Table 1 below, using the values from the following list, the last five (5) positions held and the period, in order of the least to most recent:

- | | | |
|--|--------------------------------|--|
| (1) Board member Financial Institution | (7) Head of Supranational body | (12) Permanent Secretary |
| (2) Deputy Police Commissioner | (8) Mayor | (13) Police Commissioner |
| (3) Embassy officials | (9) Member of Parliament | (14) Senior Executive of a statutory board |
| (4) Executive member of Sports Committee | (10) Military General | (15) Senior Member of the Judiciary |
| (5) Head of Charity-based Organization | (11) Minister of Government | (16) Senior Official of political party |
| (6) Head of state | | |

PEP Table 1

POSITION NUM	COUNTRY IN WHICH POSITION IS/WAS HELD	FROM: (MMMM/DD/YYYY)	TO: (MMMM/DD/YYYY)

SECTION 1-2 (This section should be completed if you have answered "No" to Section 1 question 1 above)

2. Are you connected to one or more individuals who hold or have held a senior government, political or military position? Yes No

3. If you answered "Yes" to Section 1-2 question 2 above, please complete 3.a) and 3.b) below.

3.a) Please indicate, the position(s) held by the individual(s) in the last seven (7) years, using the list in Section 1.a) in order of the least to most recent:

3.b) Please indicate your relationship(s) to the politically exposed person(s) (select all that apply):

- Aunt Brother in-law Business partner/Associate Child Close associate Grandparent Parent Partner Sibling Sister in-law Uncle

H. AGREEMENT

I hereby certify that the information provided above is true, accurate and complete and I have read, understood and by my signature hereunder agree to be bound by the General Terms & Agreement and Mandates for each of my accounts held with Bank of Saint Lucia Limited.

Signature: _____
(mmmm/dd/yyyy)

(Signature Specimen for **PIF Number:** _____)

BANK USE ONLY

Loaded by: _____
Initial Name: Signature: (mmmm/dd/yyyy)

Verified by: _____
Name: Signature: (mmmm/dd/yyyy)