

**Bourse Securities Limited  
Client Application Form - Company**

DATE: \_\_\_/\_\_\_/\_\_\_  
DD/ MM/ YY

CLIENT RELATIONSHIP OFFICER  
\_\_\_\_\_

NEW  
 UPDATE

BSL ACCOUNT NUMBER:  
\_\_\_\_\_

INTERNATIONAL CUSTODIAN ACCOUNT NUMBER:  
\_\_\_\_\_

**1. Account Registration**

Account type:  Limited Liability     Trustee     Partnership     Corporation  
 Financial Institution  
 Self Employed \_\_\_\_\_  Other  
\_\_\_\_\_

**1.1 Applicant Information**

Name: \_\_\_\_\_  
Registered Address: \_\_\_\_\_  
\_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Country of Incorporation \_\_\_\_\_  
Company Registration Number: \_\_\_\_\_  
Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Primary Bankers \_\_\_\_\_

**Signing Authority:**

Any two to sign                       All to sign  
 Other \_\_\_\_\_  
\_\_\_\_\_

NAME	TITLE/POSITION	ID NUMBERS

\*\*\* KINDLY ENSURE THAT ALL COPIES OF IDS ARE ATTACHED

**1.2 Applicant Tax Information**

In what jurisdiction is the Company resident for tax purposes: \_\_\_\_\_

Please provide TIN (Taxpayer Identification Number) \_\_\_\_\_

Is the Company a taxpayer in any other jurisdiction?                       Yes                       No  
If yes, please:  
List those countries: \_\_\_\_\_;  
\_\_\_\_\_  
Provide your TIN for each country you have listed above: \_\_\_\_\_;  
\_\_\_\_\_;

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**2. Officer Information**

Kindly confirm the following in relation to **directors, signatories and shareholders owning more than 10% paid up share capital** herein referred to as 'Officers':

Is any Officer a Politically Exposed Person?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide details:		
Is any Officer of the firm also an Officer of any publicly traded company in Trinidad and Tobago or any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, state the Position, % ownership held and the Company:		
Has any Officer ever been disciplined by a regulatory body in relation to the trading of securities?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, state the jurisdiction, the disciplinary action faced:		
Has any Officer ever been charged or convicted for Fraud or Money Laundering related offences?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, state the offence committed and the period of charge or conviction:		
Is any Officer also an Officer of a broker dealer or related to an Officer/employee of a broker dealer?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please state details:		
Is any Officer or any member of his/her immediate family affiliated with or employed by a member of a Stock Exchange or the Financial Industry Regulatory Authority?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please state details:		
Is your company part of a group, of any publicly traded company?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide structure of group:		
Is your company a central or local government agency or statutory body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Is your company listed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please indicate on which Exchange:		
Is your company registered with the TTSE, CBTT, or FIU or any other regulatory body within Trinidad and Tobago or any other jurisdiction?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, provide the name of the other regulatory body:		
Does your company have a Board approved AML compliance program in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any of the beneficial owners of your company a citizen or resident of the United States of America or any other jurisdiction for tax purposes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please provide the names, positions held and Tax Identification Number		
Does your company or any of its subsidiaries operate out of any other jurisdiction other than Trinidad & Tobago?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list the jurisdictions		
Is any of your company's parent or subsidiary companies registered in jurisdictions other than Trinidad & Tobago?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please list the jurisdictions		

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**Please provide the following required documents**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Certificate of Incorporation &/or Continuance | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Articles of Incorporation                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • By-Laws (where applicable)                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Most recent Annual Return                     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Proof of Address (within last 3 months)       | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Audited Financials (last 3 years) <b>OR</b>   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Management Accounts (last 3 years)            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Power of Attorney (where applicable)          | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| • Trust/Nominee agreement (where applicable)    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

**3. Additional Investor Information:**

<b>a. Investment Objectives:</b> <input type="checkbox"/> Long Term Growth <input type="checkbox"/> Asset Diversification <input type="checkbox"/> Income <input type="checkbox"/> Short Term Growth	<b>b. Risk Exposure:</b> <input type="checkbox"/> Low <input type="checkbox"/> Speculation <input type="checkbox"/> Moderate <input type="checkbox"/> High	<b>c. Estimated amount of funds available for investment Purposes per annum (USD):</b> <input type="checkbox"/> Less than \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> \$1,000,001 - \$5,000,000 <input type="checkbox"/> over \$5,000,000
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**4. Investment Experience**

**General Investment Knowledge and Experience**

Limited  Moderate  Extensive  None

**Liquidity Needs**

High  Medium  Low

**Knowledge and Experience by Investment Type**

Investment	Investment Knowledge				Investment Experience
Equities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year: _____
Options	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year: _____
Fixed Income	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year: _____
Mutual Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year: _____
Exchange Traded Funds	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year: _____
Commodities	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year: _____
Other: _____	<input type="checkbox"/> Limited	<input type="checkbox"/> Moderate	<input type="checkbox"/> Extensive	<input type="checkbox"/> None	Since Year: _____

**5. What is the Purpose of this account?**

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**6. Source of Funds:**

What is the source of funds for this account? Please provide details in the space provided below.

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**7. Account Instructions:**

How will instructions be issued to BOURSE on your behalf?

Telephone    Email       Face to Face Office    Other \_\_\_\_\_

For Email correspondences, please list all authorized email addresses.

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**8. How did you learn about Bourse?  Bourse Report    Facebook    Reference    Other**

Please specify \_\_\_\_\_

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**9. Other Information (To be completed by the Customer Relationship Officer)**

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\_\_\_\_\_  
**Authorised signatory**

\_\_\_\_\_  
**Authorised Signatory**

\_\_\_\_\_  
**Authorised Signatory**

\_\_\_\_\_  
**WITNESS NAME**

\_\_\_\_\_  
**WITNESS SIGNATURE**

<b>COMPANY STAMP</b>
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**OFFICIAL USE ONLY**

DOCUMENTS COLLECTED AS REQUIRED UNDER BOURSE DUE DILIGENCE PROCEDURES    YES    NO

CRO SIGNATURE: \_\_\_\_\_

AUTHORIZED BY: _____	_____	DATE _____
POSITION	SIGNATURE	DD/MM/YYYY

APPROVED BY: _____	_____	Date: _____
BLOCK LETTERS	SIGNATURE	DD/MM/YY

COMPLIANCE OFFICER

ALTERNATE COMPLIANCE OFFICER