

DATE: __/__/__ DD/MM/YY	CLIENT RELATIONSHIP OFFICER: _____	<input type="checkbox"/> New account <input type="checkbox"/> Update
BOURSE ACCOUNT NUMBER: _____	INTERNATIONAL CUSTODIAN ACCOUNT NUMBER: _____	

1. Account Registration
1.1 Applicant Information

Name: _____

Residential Address: _____

Mailing Address (if different from above): _____

Gender: Male Female Marital Status: Single Married Other _____

Number of dependents: _____ Country of Citizenship: _____ Date of Birth: _____

Place of Birth: _____ Country of Residence: _____ Occupation: _____

Home Tel No: _____ Mobile No: _____ E-Mail Address: _____

Annual Income – From \$_____ to \$_____ Do you have additional sources of income? Yes No
If yes, please identify source: _____

Net Worth Under TT\$500,000 TT\$500,001 - TT\$1,000,000 TT\$1,000,001 - TT\$5,000,000
 over TT\$5,000,000

Employer: _____ Years Employed: _____

Type of Business of Employer (or former employer): _____

Business Address: _____

Primary Bankers: _____

ID Type	Country of Issue	Identification Number	Date of Issue	Date of Expiry
<input type="checkbox"/> Drivers License				
<input type="checkbox"/> National ID				
<input type="checkbox"/> Passport				
<input type="checkbox"/> Other				

1.2 Applicant Tax Information

Are you a U.S person for tax purposes? Yes No

If yes, please provide your U.S TIN (Taxpayer Identification Number) _____

U.S address: _____

Are you a resident of any country other than the U.S for tax purposes? Yes No

If yes, please:
List those countries: _____; _____; _____;

Provide your TIN and/or BIR Number for each country you have listed above: _____;
_____;

BOURSE ACCOUNT NUMBER: _____

INTERNATIONAL CUSTODIAN ACCOUNT NUMBER: _____

Account Registration (continued)
Joint Applicant Information

Name: _____

Residential Address: _____

Mailing Address (if different from above): _____

Gender: Male Female Marital Status: Single Married Other _____

Number of dependents: _____ Country of Citizenship: _____ Date of Birth: _____

Place of Birth: _____ Country of Residence: _____ Occupation: _____

Home Tel No: _____ Mobile No: _____ E-Mail Address: _____

Annual Income – From \$_____ to \$_____ Do you have additional sources of income? Yes No
If yes, please identify source: _____

Net Worth Under TT\$500,000 TT\$500,001 - TT\$1,000,000 TT\$1,000,001 - TT\$5,000,000
 over TT\$5,000,000

Employer: _____ Years Employed: _____

Type of Business of Employer (or former employer): _____

Business Address: _____

Primary Bankers: _____

ID Type	Country of Issue	Identification Number	Date of Issue	Date of Expiry
<input type="checkbox"/> Drivers License				
<input type="checkbox"/> National ID				
<input type="checkbox"/> Passport				
<input type="checkbox"/> Other				

1.2 Applicant Tax Information

Are you a U.S person for tax purposes? Yes No
If yes, please provide your U.S TIN (Taxpayer Identification Number) _____

U.S address: _____

Are you a resident of any country other than the U.S for tax purposes? Yes No
If yes, please:
List those countries: _____; _____; _____;

Provide your TIN and/or BIR Number for each country you have listed above: _____;
_____;

2. Background Information - Please provide feedback on all account holders

Is any account holder a Politically Exposed Person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name, the office held and period in office:		
Is any account holder related to, or a close associate of Politically Exposed Person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name, the individual and which office:		
Is any account holder, as an individual or as part of a group, a >= 5% shareholder in a publicly traded company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name and the Company:		
Is any account holder a Director, Senior Officer or Insider of any publicly traded company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name(s), the Position held and the Company:		
Is any account holder an employee or officer of any broker dealer or Regulator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name, position held & the regulatory body or broker dealer:		
Is the account holder related to an employee or officer of a broker dealer or Regulator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name, Position, the relation and the regulatory body/stockbroker/dealer		
Has any account holder ever been disciplined by a regulatory body in relation to the trading of securities?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name, the jurisdiction, the disciplinary action faced:		
Has any account holder ever been charged or convicted for Fraud or Money Laundering?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name, the offence committed and the period of charge or conviction:		
Is any account holder a holder of a beneficial interest in a Casino or operates a Casino account?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state their name and the name of the Casino:		

3. Additional Investor Information:

a. Investment Objectives: <input type="checkbox"/> Long Term Growth <input type="checkbox"/> Asset Diversification <input type="checkbox"/> Income <input type="checkbox"/> Short Term Growth	b. Risk Exposure: <input type="checkbox"/> Low <input type="checkbox"/> Speculation <input type="checkbox"/> Moderate <input type="checkbox"/> High	c. Estimated amount of funds available for investment Purposes per annum (USD): <input type="checkbox"/> Less than \$50,000 <input type="checkbox"/> \$50,001 - \$100,000 <input type="checkbox"/> \$100,001 - \$500,000 <input type="checkbox"/> \$500,001 - \$1,000,000 <input type="checkbox"/> over \$1,000,000
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4. Investment Experience
General Investment Knowledge and Experience
 Limited Moderate Extensive None

Liquidity Needs
 High Medium Low

Investment Experience (continued)
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?

6. Source of Funds:

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

7. Account Instructions:

How will instructions be issued to BOURSE on your behalf?

Telephone Email Face to Face Office Other:

If other, Please specify _____

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

Please specify _____

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

Signature (1)

Signature (2)

Signature (3)

Signature (4)

WITNESS NAME

WITNESS SIGNATURE

OFFICIAL USE ONLY			
DOCUMENTS COLLECTED AS REQUIRED UNDER BOURSE DUE DILIGENCE PROCEDURES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
CRO SIGNATURE: _____			
AUTHORIZED BY: _____	DATE _____		
POSITION	SIGNATURE		DD/MM/YYYY
APPROVED BY: _____	Date: _____		
BLOCK LETTERS	SIGNATURE		DD/MM/YY
COMPLIANCE OFFICER <input type="checkbox"/>	ALTERNATE COMPLIANCE OFFICER <input type="checkbox"/>		