

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: _____;
_____;

2. Background Information

Are you a Politically Exposed Person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state the office held and period in office:		
Are you related to, or a close associate of Politically Exposed Person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state the individual and which office:		
Are you, 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 the Company:		
Are you a Director, Senior Officer or Insider of any publicly traded company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state the Position held and the Company:		
Are you an employee or officer of any broker dealer or Regulator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state the position held & the regulatory body or broker dealer:		
Are you related to an employee or officer of a broker dealer or Regulator?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state the Position, the relation and the regulatory body/stockbroker/dealer		
Have you 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 the jurisdiction, the disciplinary action faced:		
Have you ever been charged or convicted for Fraud or Money Laundering?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state the offence committed and the period of charge or conviction:		
Are you the holder of a beneficial interest in a Casino or operate a Casino account?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, state 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)

Applicant Signature

WITNESS NAME

WITNESS SIGNATURE

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