

HAND-IN-HAND TRUST CORPORATION INC.

SOURCE OF FUNDS DECLARATION FORM

(Complete in Block Letters) ACCOUNT HOLDER		CONTACT NUMBER(S) Home: Business:.....		DATE (YY/MM/DD)	
ADDRESS:					
TYPE OF TRANSACTION (DEPOSIT, LOAN REPAYMENT, OTHER:-)		CURRENCY TYPE	G\$ EQUIVALENT	CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/>	ACCOUNT #
NATURE OF BUSINESS/OCCUPATION		RESIDENT <input type="checkbox"/> NON RESIDENT <input type="checkbox"/>		DATE OF BIRTH (YY/MM/DD)	
		COUNTRY OF ORIGIN (IF NON RESIDENT)			
ACCOUNT HOLDER ID/PASSPORT NO		COUNTRY OF ORIGIN		DATE OF ISSUE	
(IF PERSON IS NOT ACCOUNT HOLDER) NAME OF DEPOSITOR		ADDRESS OF DEPOSITOR			
DEPOSITOR'S ID/PASSPORT NO		COUNTRY OF ORIGIN		DATE OF ISSUE	

I declare that the source of funds for this transaction is:

- ☐ Employment Income ☐ Trust/Inheritance ☐ Business Income ☐ Retirement/Pension
- ☐ Investment Income ☐ Sale of Assets _____ ☐ Loan ☐ Insurance Claim Payments
- ☐ Other (Please specify) _____

In accordance with the Anti-money Laundering & Terrorist Financing Act consent is hereby given to HAND-IN-HAND TRUST CORPORATION INC to disclose this information provided to the Regulatory Authorities.


SIGNATURE OF DEPOSITOR

For Corporation Use Only:

- ☐ Transaction Accepted ☐ Transaction Declined ☐ Customer Refused to sign form
- ☐ Customer explanation not reasonable

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TRANSACTION TAKEN BY

.....
CHECKED BY

.....
AUTHORISED BY: MANAGER

.....
REVIEWED BY: COMPLIANCE