

The **Proceeds of Crime Act (2007)** requires that we verify the source of funds before accepting /processing retail customers' transactions. In keeping with this requirement, this form is to be completed for ALL retail customer transactions equalling or exceeding US\$8,000.00 or its equivalent in any other currency. Failure to complete this form may result in the transaction not being accepted.

<b>DATE:</b>	<b>CLIENT ACCOUNT NUMBER:</b>
<b>PERSON CONDUCTING TRANSACTION:</b> CLIENT <input type="checkbox"/> AGENT <input type="checkbox"/>	

## A: CLIENT DETAILS

SURNAME:	FIRST NAME:	MIDDLE NAME(S):	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> PROF.
PERMANENT HOME ADDRESS:			
BUSINESS ADDRESS:			
T.R.N. OF MEMBER:	TYPE OF IDENTIFICATION: <input type="checkbox"/> VOTER'S ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE	IDENTIFICATION #:	ID EXPIRY DATE (DD/MM/YY) / /
HOME TELEPHONE #:	WORK TELEPHONE #:	MOBILE TELEPHONE #:	

## B: AGENT'S INFORMATION

SURNAME:	FIRST NAME:	MIDDLE NAME(S):	<input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS. <input type="checkbox"/> DR. <input type="checkbox"/> PROF.
ADDRESS:			
T.R.N. OF AGENT:	TYPE OF IDENTIFICATION: <input type="checkbox"/> VOTER'S ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENCE	IDENTIFICATION #:	ID EXPIRY DATE (DD/MM/YY) / /
HOME TELEPHONE #:	WORK TELEPHONE #:	MOBILE TELEPHONE #:	

## C: SOURCE OF FUNDS INFORMATION

TRANSACTION AMOUNT:	CURRENCY: <input type="checkbox"/> JMD <input type="checkbox"/> USD <input type="checkbox"/> EUR <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> KYD <input type="checkbox"/> OTHER _____		
TRANSACTION TYPE: <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> DEBIT CARD <input type="checkbox"/> CREDIT CARD	CHEQUE NUMBER:	CHEQUE BANK:	

## DECLARATION OF SOURCE OF FUNDS FORM

*Please indicate the Source of Funds being used for this transaction, and attach the appropriate supporting documents which may include bank statement, signed letter from attorney or agent, financial statements, proof of investment from other financial institution etc.*

- EMPLOYMENT  
  BUSINESS OPERATIONS  
  PROPERTY SALE  
  INVESTMENT  
  INHERITANCE  
 SALE OF ASSETS  
  OTHER (SPECIFY)

### D: SUPPORTING DOCUMENTATION

If supporting documentation is not available please provide us with additional details on the source of funds stated:

Name and Address of Financial Institution from which the funds originated:

ACCOUNT NUMBER:

AMOUNT:

CURRENCY:

TYPE OF TRANSACTION:

### E: CLIENT'S DECLARATION

**I declare that all the information provided to Cumax Wealth Management Co. Limited is true and correct.**

\_\_\_\_\_  
CLIENT'S SIGNATURE

\_\_\_\_\_  
DATE

### F: Cumax USE ONLY

\_\_\_\_\_  
CASHIER/BUSINESS DEVELOPMENT

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COMPLIANCE OFFICER

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE