FORM 4

(Regulation 4)

BANKER'S QUESTIONNAIRE

THIS FORM MUST ACCOMPANY THE PERSONAL QUESTIONNAIRE

PART A

Banker's Authorisation to Provide Information

I _____ authorize

_____

_____*(insert full name of bank and branch address*)

to provide the following information and such other information that the Regulator, Nevis Financial Services (Regulation & Supervision) Department may require and to respond directly to the Regulator.

Signed: _____ Dated: _____

FOR OFFICIALL USE ONLY

PART B

The Nevis Financial Services (Regulation & Supervision) Department is responsible for the licensing, regulating and supervising of Trust / Corporate Service Providers in the island of Nevis. The above named person has applied to the Nevis Financial Services (Regulation & Supervision) Department to act as:

Director	☐	Chief Executive Officer	☐
Beneficial Owner	☐	Senior Management Staff	☐

The manner in which the Applicant has conducted his/her financial affairs is of importance to the Nevis Financial Services (Regulation & Supervision) Department in evaluation the person's fitness and propriety.

Thank you for your co-operation in completing this form.

_____ _____

Authorised Signatory Name of Authorised Signatory

Financial Services (Regulation and Supervision) Dept.
(FSRC – Nevis Branch)

FINANCIAL SERVICES REGULATORY COMMISSION
- Nevis Branch -

PART C

To be completed by (*name of institution*)
_____

1. How long has the person been a customer of your bank? _____

If this relationship has ceased please specify the period during which it existed.

Day/month/year
_____/_____/_____/ to _____/_____/_____/

2. Is the bank satisfied about the manner in which the person's financial relationship was maintained? Yes ☐ No ☐

   (If the answer is "No" please provide an explanation)

_____ _____
Name of Authorised Signatory Signature of Authorised Signatory

Official Stamp of Bank

_____
Position of Authorised Signatory

Dated: _____

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