

ACCOUNT ACTIVITY INFORMATION

FOR PERSONAL (INDIVIDUAL OR JOINT) ACCOUNT HOLDERS



GLOBAL BANK OF COMMERCE

Account Holders are required to submit the following information prior to the receipt of wire transfers to avoid any delays in the application of funds:-

- information pertaining to the source of funds for all incoming transactions greater than or equal to **US\$10,000.00** (or equivalent);
- Completed Source of Funds Declaration forms and supporting documents for all incoming transactions greater than or equal to **US\$100,000.00** (or equivalent).

The Bank reserves the right to request additional information prior to processing account transactions.

PLEASE ENSURE THAT ALL SECTIONS ARE COMPLETED

SECTION I

Account Name: _____

Purpose of Account: *(e.g. personal investments, personal savings, to receive dividends from privately owned business(es), etc.)*

Name(s) of regular remitter(s): _____

Country(ies) from where funds will be remitted: _____

Background Information (Signatory #1)

Name: _____

Occupation: _____
(e.g. Accountant — [industry specifics required—hotel, bank, etc.], Doctor—[industry specifics required—cosmetic surgery], etc.)

Public Position Held: _____

Total Annual Net Income: _____

Type of Property Owned: _____
(e.g. apartment, real estate, company, stakes/shares, etc.)

Present Employer: _____

Physical and website address of Present Employer: _____

Industry of Employer: _____

Are you the owner of this business? _____

Years employed with Present Employer: _____

Source of Wealth *(other than Present Employer)*

Inheritance (specify below) Investments (specify below) Other (specify below) Privately Owned Business/es (**Complete next section)

**If Source of Wealth is derived from Privately Owned Business(es), please provide business names, physical & website addresses of each listed business generating wealth, or brief description of the economic activity of each business generating wealth.

Background Information (Signatory #2)

Name: _____

Occupation: _____
(e.g. Accountant — [industry specifics required—hotel, bank, etc.], Doctor—[industry specifics required—cosmetic surgery], etc.)

Public Position Held: _____

Total Annual Net Revenue: _____

Type of Property Owned: _____
(e.g. apartment, real estate, company, stakes/shares, etc.)

Present Employer: _____

Physical and website address of Present Employer: _____

Industry of Employer : _____

Are you the owner of this business? _____

Years employed with Present Employer: _____

Source of Wealth *(other than Present Employer)*

Inheritance (specify below) Investments (specify below) Other (specify below) Privately Owned Business/es (**Complete next section)

**If Source of Wealth is derived from Privately Owned Business(es), please provide business names, physical & website addresses of each listed business generating wealth, or brief description of the economic activity of each business generating wealth.

SECTION II

PROPOSED ACCOUNT ACTIVITY

Expected deposits to Account:

Monthly

Annual

- | | |
|--|---|
| <input type="checkbox"/> \$ 1,000 - \$ 20,000 | <input type="checkbox"/> \$ 1,000 - \$ 20,000 |
| <input type="checkbox"/> \$ 20,001 - \$ 100,000 | <input type="checkbox"/> \$ 20,000 - \$ 100,000 |
| <input type="checkbox"/> \$101,000 - \$ 250,000 | <input type="checkbox"/> \$101,000 - \$ 250,000 |
| <input type="checkbox"/> \$250,001 - \$ 500,000 | <input type="checkbox"/> \$250,001 - \$ 500,000 |
| <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$500,001 - \$ 1,000,000 |
| <input type="checkbox"/> \$1,000,000 and over | <input type="checkbox"/> \$1,000,000 and over |

Expected withdrawals from Account:

Monthly

Annual

- | | |
|--|---|
| <input type="checkbox"/> \$ 1,000 - \$ 20,000 | <input type="checkbox"/> \$ 1,000 - \$ 20,000 |
| <input type="checkbox"/> \$ 20,001 - \$ 100,000 | <input type="checkbox"/> \$ 20,000 - \$ 100,000 |
| <input type="checkbox"/> \$101,000 - \$ 250,000 | <input type="checkbox"/> \$101,000 - \$ 250,000 |
| <input type="checkbox"/> \$250,001 - \$ 500,000 | <input type="checkbox"/> \$250,001 - \$ 500,000 |
| <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$500,001 - \$ 1,000,000 |
| <input type="checkbox"/> \$1,000,000 and over | <input type="checkbox"/> \$1,000,000 and over |

Individual Transaction Value:

Incoming

Outgoing

- | | |
|--|---|
| <input type="checkbox"/> \$ 1,000 - \$ 20,000 | <input type="checkbox"/> \$ 1,000 - \$ 20,000 |
| <input type="checkbox"/> \$ 20,001 - \$ 100,000 | <input type="checkbox"/> \$ 20,000 - \$ 100,000 |
| <input type="checkbox"/> \$101,000 - \$ 250,000 | <input type="checkbox"/> \$101,000 - \$ 250,000 |
| <input type="checkbox"/> \$250,001 - \$ 500,000 | <input type="checkbox"/> \$250,001 - \$ 500,000 |
| <input type="checkbox"/> \$500,001 - \$1,000,000 | <input type="checkbox"/> \$500,001 - \$ 1,000,000 |
| <input type="checkbox"/> \$1,000,000 and over | <input type="checkbox"/> \$1,000,000 and over |

Monthly Transaction Activity (including deposits and withdrawals):

- 1-5 transactions
- 6-15 transactions
- 16-30 transactions
- 31-50 transactions
- 51-75 transactions
- 76-100 transactions
- Over 100 transactions

Means by which account withdrawals will be made:

- Bank Wire Transfer
- Transfer to other account(s) held with Bank. Please specify related account name(s) and purpose of the transfers.

Means by which account will be funded:

- Bank Wire Transfer
- Transfer from other account(s) held with Bank. Please specify related account name(s) and purpose of the transfers.

Referral source: How did you find out about Global Bank of Commerce Limited?

- | | |
|--|---|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> GBC Bank Officer |
| <input type="checkbox"/> Agent | <input type="checkbox"/> Magazines |
| <input type="checkbox"/> Existing Customer | <input type="checkbox"/> Website |
| <input type="checkbox"/> Media | <input type="checkbox"/> Other |

Details: _____

Authorised Signature

Date

Authorised Signature

Date

For Bank Use Only:

Comments, if any: _____

Data Entered by: _____ Date _____
 (Officer's Signature)

Checked by: _____ Date _____
 (Officer's Signature)

Scanned by: _____ Date _____
 (Officer's Initials)