



BANKER'S QUESTIONNAIRE

THIS QUESTIONNAIRE SHOULD ACCOMPANY THE PERSONAL QUESTIONNAIRE



PART A

Banker's Authorisation to Provide Information

I authorize (full name of bank and branch address)

.....
.....

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

Signed: Dated:

FOR OFFICIAL USE ONLY

PART B

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

- Director
- Beneficial Owner
- Chief Executive Officer
- Senior Officer/ Key Staff

The manner in which the applicant had 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.

.....
Regulator of International Banking
Financial Services (Regulation and Supervision) Dept.

.....
Authorised Signatory



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

.....
Position of Authorised Signatory

Dated:

Official Stamp of Bank