

INVESTMENT ACCOUNT ACTIVITY INFORMATION

FOR PERSONAL (INDIVIDUAL OR JOINT) ACCOUNT HOLDERS



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 investment 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

INVESTMENT OBJECTIVES:

What is/are your investment objective(s)? Please read carefully and select as many options that best suit your needs:

- | | |
|--|--|
| <input type="checkbox"/> Income | <input type="checkbox"/> Capital appreciation only |
| <input type="checkbox"/> Capital preservation only | <input type="checkbox"/> Speculation only |
| <input type="checkbox"/> All of the above | |

Risk Tolerance

What level of risk can you assume?

- | | |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> Low | <input type="checkbox"/> Medium |
| <input type="checkbox"/> High | <input type="checkbox"/> Very High |

Investing Experience

- | | |
|--|--|
| <input type="checkbox"/> No Experience | <input type="checkbox"/> Amateur |
| <input type="checkbox"/> Experienced | <input type="checkbox"/> Professional/Expert |

What financial instruments have you previously invested in?

- Equities
- Fixed Income
- Mutual Funds
- Hedge Funds
- Derivatives
- Foreign Exchange Trading
- Commodities
- Real Estate
- Other, please specify

Minimum Investment

What minimum level of investment are you comfortable with? Please select one:

- Less than \$50,000
- \$50,000—\$100,000
- \$100,000—\$500,000
- \$500,000—\$1,000,000
- \$1,000,000—\$5,000,000
- \$5,000,000—\$10,000,000
- \$10,000,000 and over

Expected deposits to Investment Account:

Monthly

- \$ 1,000 - \$ 20,000
- \$ 20,001 - \$ 100,000

Annual

- \$ 1,000 - \$ 20,000
- \$ 20,000 - \$ 100,000

Monthly

- \$500,001 - \$1,000,000
- \$1,000,000 and over

Annual

- \$500,001 - \$ 1,000,000
- \$1,000,000 and over

Expected withdrawals from Investment Account:

Monthly

- \$ 1,000 - \$ 20,000
- \$ 20,001 - \$ 100,000
- \$101,000 - \$ 250,000
- \$250,001 - \$ 500,000
- \$500,001 - \$1,000,000
- \$1,000,000 and over

Annual

- \$ 1,000 - \$ 20,000
- \$ 20,000 - \$ 100,000
- \$101,000 - \$ 250,000
- \$250,001 - \$ 500,000
- \$500,001 - \$ 1,000,000
- \$1,000,000 and over

Individual Transaction Value:

Incoming

- \$ 1,000 - \$ 20,000
- \$ 20,001 - \$ 100,000
- \$101,000 - \$ 250,000
- \$250,001 - \$ 500,000
- \$500,001 - \$1,000,000
- \$1,000,000 and over

Outgoing

- \$ 1,000 - \$ 20,000
- \$ 20,000 - \$ 100,000
- \$101,000 - \$ 250,000
- \$250,001 - \$ 500,000
- \$500,001 - \$ 1,000,000
- \$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 investment 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 investment 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)