

# POLITICALLY EXPOSED PERSON (PEP) - Questionnaire

A

<b>Indicate if the applicant/customer/beneficial owner and/or director or signatory is or has been entrusted with one or more of the following positions:</b>	
Heads of State, heads of Government including Ministers and Ministers of State*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Member of the House of Representatives and the Senate*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Permanent Secretaries or Chief Executive Officers, as the case may be*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Judges of the High Court and Court of Appeal and Magistrates*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Members of High Courts, Superior Courts of record, of constitutional courts, or of other high-level judicial bodies whose decisions are not generally subject to further appeal, except in exceptional circumstances*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Members of courts of auditors or of the boards of central banks	YES <input type="checkbox"/> NO <input type="checkbox"/>
Ambassadors and chargés d'affaires	YES <input type="checkbox"/> NO <input type="checkbox"/>
High-ranking officers in the armed forces*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Law enforcement officers and senior officers above the rank of Sergeant*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Members of the boards and the Chief Executive Officer (by whatever name called) of government owned or controlled enterprises or authorities*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Members of the administrative, management or supervisory bodies of State-owned enterprises*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Important political party officials*	YES <input type="checkbox"/> NO <input type="checkbox"/>
Prominent function by an international organization (director, deputy director, board member or senior management)	YES <input type="checkbox"/> NO <input type="checkbox"/>

*\*does not include middle-ranking or more junior officials*

B

<b>Indicate if the applicant/customer/beneficial owner and/or director or signatory is an immediate family member of a PEP as listed above: Please select "Yes" or "No" beside each of the following:</b>	
Spouse	YES <input type="checkbox"/> NO <input type="checkbox"/>
Partner ( <i>person who lives in a domestic relationship which is similar to husband and wife</i> )	YES <input type="checkbox"/> NO <input type="checkbox"/>
Children and their spouses or partners	YES <input type="checkbox"/> NO <input type="checkbox"/>
Parents or Guardians	YES <input type="checkbox"/> NO <input type="checkbox"/>
Grandparents and Grandchildren	YES <input type="checkbox"/> NO <input type="checkbox"/>
Siblings (brother, sister)	YES <input type="checkbox"/> NO <input type="checkbox"/>

C

<b>In order to determine if the applicant/customer/beneficial owner/director or signatory is or has been the close associate of a PEP (as classified in Section A above) please answer the following questions: Does the applicant/customer/beneficial owner/director or signatory...</b>	
Maintain a close business relationship with a PEP?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Conduct substantial financial transactions on behalf of a PEP?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have a joint beneficial ownership in a company or a trust or legal arrangement with a PEP?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have sole beneficial ownership of a legal entity or legal arrangement which is known to be for the benefit of a PEP?	YES <input type="checkbox"/> NO <input type="checkbox"/>

If "Yes" was answered to any of the above, please state name of PEP, the post and department/ministry:

I certify that the information provided on this form is true and has been completed to the best of my knowledge.

Signature (*applicant/customer*)

Applicant/Customer Name (*printed*)

Date

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

