



The Bank of Nevis Ltd.

INVESTMENT DEPARTMENT CUSTOMER QUESTIONNAIRE

Date _____

Account Number _____

1. Postal Address – First Applicant

Second Applicant (if applicable)

Name: _____

Name: _____

Postal Address (if different from residential address)

Postal Address (if different from residential address)

Street _____

Street _____

P.O. Box # _____

P.O. Box # _____

City _____

City _____

Country _____

Country _____

Postal Code _____

Postal Code _____

2. Photo Identification

Second Applicant (if applicable)

1) Passport _____ 2) S.S. _____

1) Passport _____ 2) S.S. _____

3) DL _____ 4) Other _____

3) DL _____ 4) Other _____

Date of Issue: _____

Date of Issue: _____

Date of Expiration: _____

Date of Expiration: _____

3. About What You Do – First Applicant

Second Applicant (if applicable)

Employment Status

Employment Status

If Self Employed:

If Self Employed:

Name of Business _____

Name of Business _____

Address of Business _____

Address of Business _____

Telephone Number _____

Telephone Number _____

How long have you been self employed?

How long have you been self employed?

_____ Years _____ Months

_____ Years _____ Months

If Retired please give previous employment details

If Retired please give previous employment details

Name and Address of Employer _____

Name and Address of Employer _____



How long were you in your previous occupation?

How long were you in your previous occupation?

_____ Years

_____ Months

_____ Years

_____ Months

4. Source of Funds

Please indicate the ORIGINAL source of funds, i.e. where the funds to invest originated.

Accumulated Savings Sale of Property Salary/Bonus Inheritance

Maturing Life Policy Sale of Business Sale of Shares Pension

Other (please specify) _____
(e.g. equities, bonds, mutual funds)

How much do you intend to invest each year?

In what currency? _____

Less than 5,000 5,001 to 10,000 10,001 to 20,000

20,001 to 50,000 50,001 to 100,000

Greater than 100,000 – Please state amount _____

Please indicate the source of the ongoing funds that will be invested.

(Documentation may be requested to support future large credits to your account.)

Accumulated Savings Sale of Property Salary/Bonus Inheritance

Maturing Life Policy Sale of Business Sale of Shares Pension

Other (please specify) _____

4. Signatures

Name of Signatory

Signature

[Signature box]

Name of Signatory

Signature

[Signature box]