

Income and Banking Form



Full legal name of individual or entity

Account name

Account number

PURPOSE FOR BANKING SERVICES (select one or more)

- Borrowing in-country
- Business
- Employer sponsored
- Family
- Personal
- Holiday travel
- Humanitarian work
- Import/Export Trade arrangements
- Investing in-country
- Related to local entity
- Migrant
- Student
- Other (specify)

TYPES OF EXPECTED CUSTOMER ACTIVITY (select one or more)

- International Transfer In/Out
- Cash deposit
- Cash withdrawals
- Cheque deposit
- Cheque withdrawals
- Domestic Transfer In/Out
- Foreign Currency Exchange
- Other (specify)

PRIMARY SOURCE OF INCOME/WEALTH

- Salary
- Savings or investment income
- Dependent on family member
- Allowance
- Government payments
- Inheritance
- Student allowance
- Non-family sponsorship
- Business income
- Other (specify)

EXPECTED CUSTOMER ACTIVITY PER MONTH

Monthly salary amount that will be deposited into the account

Estimated frequency of non salary related deposits into the account

Estimated value of non salary related deposits into the account

Estimated frequency of withdrawals from the account

PROHIBITIONS IN OPENING/MAINTAINING ACCOUNTS

If you hold nationality or citizenship outside of Samoa, are there any prohibitions preventing you from opening or maintaining an account in Samoa?

- Yes No

If yes, please clarify

.....

NON-RESIDENTS ONLY

State purpose of account if not residing in country

.....

.....

Income and Banking Form

SANCTIONS

Are you going to be dealing and/or intend to deal with parties domiciled in and/or have business dealings in/with the following countries/regions? Cuba, Iran, North Korea, Syria, Crimea, Russia, Donetsk People's Republic, Luhansk People's Republic, Kherson and Zaporizhzhia

Yes No

EXPECTED INTERNATIONAL TRANSFER ACTIVITIES

Complete this section if you selected the 'International Transfer In/Out' activity in the 'TYPES OF EXPECTED CUSTOMER ACTIVITY' section above

Estimated monthly value of inward and outward transfers (specify currency(s))

Countries where transfers will be received from

Primary country where transfers will be sent to

What frequency do you intend to remit funds offshore?

What frequency do you intend to receive offshore transfers?

What is the intended purpose of transfers?

COMPANY, TRUST, PARTNERSHIP, ASSOCIATION, OR SOLE TRADER/PROPRIETOR

(Please complete if not an individual)

What is the purpose of your entity?

.....
.....

Is any of the capital required to be transferred to another person/entity within the next 12 months?

Yes No

If yes, please provide the following details

Full legal name of person Date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Residential address

Full legal name of entity

Physical address of entity

Value of capital to be transferred (including currency where applicable)

Has the entity been incorporated/registered in a jurisdiction that prohibits the disclosure of the identity of directors, shareholders and/or beneficial owners to anyone?

Yes No

Are there any entities within the organisational structure that are incorporated/registered in a jurisdiction that prohibits the disclosure of the identity of directors, shareholders and/or beneficial owners to anyone?

Yes No

If yes, please provide details

.....
.....

Are bearer shares issued?

Yes No

If yes, please provide details of the status of the shares (i.e. are they registered and/or held in custody (i.e. immobilised))

.....
.....