



**Kingston Office:**  
 1<sup>A</sup> Holborn Road,  
 Kingston 10,  
 Jamaica, W.I.  
 Tel: 876-926- 0849

**Montego Bay Office:**  
 Shop 19  
 Sagicor Commercial Centre  
 Jamaica, W.I.  
 Tel: 876-979-1997

**Email:**  
[info@bpmfinancial.com](mailto:info@bpmfinancial.com)  
**Website:**  
[www.bpmfinancial.com](http://www.bpmfinancial.com)

**DECLARATION OF SOURCE OF FUNDS**

**BRANCH:**.....**ACCOUNT #:** ..... **ACCOUNT TYPE:** .....

As part of the Anti-Money Laundering (AML) and Counter-Financing of Terrorism (CFT) Policy, we are required to obtain information on our customers' source of funds. This form must be completed for all transactions equalling or exceeding **USD 15,000.00** or its equivalent amount in any other currency. Accordingly, I/We:

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**First Middle Last**

TRN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home/Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Years \_\_\_\_\_

Type/Nature: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**First Middle Last**

TRN : \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home/Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_ Years \_\_\_\_\_

Type /Nature: \_\_\_\_\_

Employer/Organization: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: (W) \_\_\_\_\_ (H) \_\_\_\_\_ (C) \_\_\_\_\_

do hereby declare that the source of the funds that I/we shall be depositing into my/our account is/are from *(Tick as appropriate)*:

- Salary     Business Income     Dividend     Interest     Savings     Sale of Property

Other (please state):.....**ESTIMATE AVERAGE DEPOSIT AMOUNT:** ..... **CURRENCY:** .....

**ESTIMATE FREQUENCY OF TRANSACTION:** .....**MODE OF PAYMENT:**.....

By signing this form, I/we further confirm that these funds are derived from legitimate sources as stated above and that I/we will also provide the required evidence of the source of funds if necessary. I/we are also authorizing BPM Financial Limited to disclose any information, as it may deem necessary, to the relevant Money Laundering Prevention and Regulatory Bodies to ensure that BPM is compliant with money laundering & counter-financing of terrorism legislation.

**Signature(s) of Account Holder(s):**

Name of Primary Account Holder: ..... Signature: ..... Date: .....

Name: ..... Signature: ..... Date: .....

Name: ..... Signature: ..... Date: .....

**For Official Use Only**

Note for file: \_\_\_\_\_

Financial Advisor: \_\_\_\_\_ Date: \_\_\_\_\_ Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ IDs Verified: \_\_\_\_\_