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**DECLARATION OF SOURCE OF FUNDS - COMPANY**

**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:

Date of Incorporation: _____	Type of Business: _____
Parish of Incorporation: _____	<input type="checkbox"/> Club/Society <input type="checkbox"/> Corporation <input type="checkbox"/> Gov. Organization
TRN#: _____	<input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Non-Profit Organization
Nature of the Business: _____	<input type="checkbox"/> Partnership <input type="checkbox"/> Professional Organization
Legal Name: _____	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other.....
Trade Name: _____	Mailing Address: _____
Business Address: _____	_____
_____	_____
Telephone: _____	E-mail: _____

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.

**Name & Specimen Signature of Individuals Authorized to transact business on behalf of Corporation/Partnership/Fund**

<b>Name:</b> _____	<b>Signature:</b> _____
<b>Name:</b> _____	<b>Signature:</b> _____
<b>Name:</b> _____	<b>Signature:</b> _____

**Authorized Signatories:** Any one signatory     Any two signatories     Other

**For Official Use Only**

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

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

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