

# POLITICALLY EXPOSED PERSON (PEP) - Questionnaire

A

| <b>Indicate if the applicant/customer/beneficial owner and/or director or signatory ever held one or more of the following positions:</b>  |  |
|--|--|
| Heads of Government/State (e.g. The President or Prime Minister of a country)  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| An elected Government Official (Central &/or Local Government)   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| The CEO or a High Official of a Government Ministry  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| A Court Judge/Magistrate   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| An appointed member of the Senate or House of Representative; Or a Senior Politician   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| A high ranking Military Official (e.g. Brigadier, Colonel, Captain, Attaché)   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| A Diplomat, an Ambassador, or Chargés d'affaires?  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| An Executive Director, Board Member, or Senior Manager/Officer of a Government owned entity/Quasi Government? (e.g. Central Bank of Belize, National Bank of Belize; BTL; BEL;SIF;BTB) | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| A director or senior manager of the governing body of an international organization? (e.g. United Nations, Organization of American States)  | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| A Senior Public Officer (e.g. Comptroller of Customs; Director of Immigration)   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| An important political party official? (e.g. Campaign Manager)   | YES <input type="checkbox"/> NO <input type="checkbox"/> |

B

| <b>Do any of the immediate family members of the applicant/customer/beneficial owner/director or signatory hold/held any of the above listed positions? To help answer this question, 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 \_\_\_\_\_

