

POLITICALLY EXPOSED PERSON (PEP) - Questionnaire

A

Indicate if the applicant/customer/beneficial owner and/or director or signatory ever held one or more of the following positions:	
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

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:	
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

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...	
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 _____

