

Source of funds declaration

Capital Markets Elite Group (UK) Limited

Transaction date

PLEASE COMPLETE THE FORM IN BLOCK CAPITALS

1. Client information

Title	First name	
Middle name		
Surname		
Company name		
Date of birth		
ID: NID#	DP#	Passport#
Address		
Country		
Business/Residence phone no.		
Occupation/Nature of business		
Local resident: Yes <input type="checkbox"/> No <input type="checkbox"/> Other <input type="text"/>		

2. Person conducting this transaction (if different from above)

Title	First name
Middle name	
Surname	
Company name	
Date of Birth	
Business/Residence phone no.	
Address	
Country	
Identification (minimum of two) persons other than the client	
Drivers' licence no.	
Place of issue	
National identification no.	
Place of issue	
Passport no.	
Place of issue	
Other (specify)	

3. Originating bank account

Bank/Institution name		
Account type		
Account number		
Other (specify)		

4. Transaction information

Transaction type:	Cheque/ Draft <input type="checkbox"/>	Wire transfer <input type="checkbox"/>	Cash <input type="checkbox"/>
Other (specify)			
Transaction currency:	GBP <input type="checkbox"/>	EUR <input type="checkbox"/>	USD <input type="checkbox"/> Other <input type="text"/>
Amount of cash transaction			
Amount of non-cash transaction			

5. Declaration

I declare that the source of funds for this transaction is:

Client

Third party/person conducting transaction

Note: this section is to be signed if the depositor is acting on behalf of a third party in a fiduciary capacity, (e.g. attorney-at-law, notary public, trustee, accountant, etc.)

As a matter of policy Capital Markets Elite Group (UK) Limited verifies the source of funds before accepting funds for deposit, transfer, payment of debt or for the purchase of any other currency or instrument. Consent is hereby given to Capital Markets Elite Group to disclose the information provided herein to other members of the group of companies and or to regulatory and law enforcement authorities.

FOR OFFICIAL USE ONLY

Transaction taken by	Transaction:	Accepted <input type="checkbox"/>	Declined <input type="checkbox"/>	Customer refused to sign <input type="checkbox"/>
Signature	Comments			
Name	Reviewed by compliance officer			
Authorizing officer	Signature	Date		
Signature	<input type="text"/>			<input type="text"/>
Name				