

**BANK OF MONTSERRAT LIMITED**  
P O BOX 10  
BRADES, MONTSERRAT, WEST INDIES

**DECLARATION OF SOURCE/USE OF FUND**

DATE:

ACCOUNT NO.

NAME OF CUSTOMER/COMPANY  
(Account Holder)

TYPE OF TRANSACTION

CURRENCY

AMOUNT

**NATURAL PERSON CONDUCTING THIS TRANSACTION (COMPLETE FOR COMPANIES AND WHEN ACCOUNT HOLDER IS NOT PRESENT)**

ADDRESS

NAME:

ADDRESS:

TELEPHONE #

**PERSONAL IDENTIFICATION**

DATE OF BIRTH:

PASSPORT NO. \_\_\_\_\_

DATE OF BIRTH

ID DETAILS: \_\_\_\_\_  
(DL/SS/Passport)

DRIVER'S LICENCE NO. \_\_\_\_\_

RESIDENT STATUS

SOCIAL SECURITY NO. \_\_\_\_\_

RESIDENT:

NON-RESIDENT:

**(INCOMING MONEY)**

I declare that the source of this currency is: \_\_\_\_\_

**(OUTGOING MONEY)**

I declare that the use of this currency is: \_\_\_\_\_

BANK POLICY REQUIRES THAT WE VERIFY THE SOURCE/USE OF FUNDS BEFORE ACCEPTING DEPOSITS/EFFECTING TRANSFERS .  
CONSENT IS HEREBY GIVEN TO THE BANK TO DISCLOSE THIS INFORMATION TO LAW ENFORCEMENT AUTHORITIES.  
**I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE FUNDS WERE NOT DERIVED FROM OR ARE BEING EMPLOYED  
IN ANY ILLEGAL TRANSACTIONS BY THE PERSON/COMPANY FOR WHOM/WHICH I AM ACTING**

TRANSACTION TAKEN BY \_\_\_\_\_

DEPOSITOR SIGNATURE  
(person making deposit)

HOLDER OF ACCOUNT SIGNATURE \_\_\_\_\_

AUTHORIZING OFFICER \_\_\_\_\_

**OFFICE USE ONLY:**

*CUSTOMER REFUSAL  
TO SIGN FORM*

*EXPLANATION REFUSED OR  
UNREASONABLE  
(EXPLAIN ON REVERSE)*

*OTHER  
(EXPLAIN ON REVERSE)*