



INVESTMENT MANAGEMENT LIMITED

7 Belmont Road, Kingston 5. JA. W.I.
Telephone: 960-4321-6
Fax: 960-4327

(Individual / Joint Client)

DECLARATION OF SOURCE OF FUNDS FORM

Personal Information:

Account Name: _____

Title: _____ Full Name: _____
(Mr. Miss, Mrs.) *First Name* *Middle Initial* *Surname*

Date of Birth (dd/mm/yyyy): _____ TRN: _____ Gender: Male Female

Source of Funds Declaration

A complete declaration of source of funds should be thorough and indicate the nature of the source of the funds being tendered to complete the transaction.

The source of my funds is declared to be: _____

I declare and acknowledge that the information given by me is true and correct to the best of my knowledge and belief.

Signature of Client: _____ Date: _____
(dd/mm/yyyy)

FOR OFFICIAL USE BY AIML STAFF

Transaction Amount: _____ Transaction Currency: _____

Instrument Tendered: Cash Cheque Direct Deposit Wire Transfer Other: _____

Documents received from client:

Photo ID provided: _____ Proof / Verification of Source of Funds (*give details in notes below*)

Other: _____

Notes: _____

Name Signature Date (dd.mm.yyyy)