

# Source of Wealth / Source of Funds Declaration Form

Complete the form in its entirety and return to Covisory Trust Services Ltd

Full Name of Client / UBO	
Current Residential Address	
Passport Number	
Passport - Country of Issuance	

## Origin of Funds to be used

*(Please be specific and provide required documentation; All items below must be completed. If not applicable, please insert N/A)*

### A. Inheritance & Gift

Full Name of Deceased / Donor	
Cash Amount Received	
In-kind Property Received	
Supporting Documents (E.g. Deed, Bank Transfer etc.)	
Place of Origin of Wealth	
Date of Transfer of Wealth	

### B. Current Business Activities

Type of Entity (e.g. Corporate, Trust, etc.)	
Location of Business (Full Operating Address)	
Registered Office in Country of Incorporation	
Registration Number, if any and/or Fax Identification	
Country of Registration	
Short Description of Entity's Purpose	
Position held by UBO	
Entity's website (if applicable)	

### C. Previous Business Activities

i. If Asset / Share Transferred	
Asset Details and Value	
Share Details and Value	

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Consideration of Transfer – Cash	
Consideration of Transfer – In kind (Fair/Market Value)	
Place of Transfer	
Date of Transfer	
ii. Employment / Profession	
iii. Membership / Affiliation	
iv. Other	

### D. Main Source of Income

i. Business	
Dividend	
Director's Fees	
ii. Profession	
Dividend	
Fees	
iii. Employment	
Salary	
Bonus	
Pension Scheme	
iv. Other	

### E. Other Sources of Income

Agent's Commission	
Intellectual Property Royalties	
Loan Principal / Interest	
Securities	
Lease Rents	
Insurance	
Others	

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The UBO hereby confirms

- He/She is a Foreign Person according to the 'Classification of Taxpayers for US Tax Purposes', and if
- He/She becomes a US person, Covisory will be notified within 30 days of he/she becoming a US Person.
- He/She is a US person according to the 'Classification of Taxpayers for US Tax Purposes'.

### Acceptance of Terms & Conditions by Signatories

I/We declare (as an authorised signatory of the Entity) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.

Date

Signature

Name (Full name of UBO/Client)