



# DESIGNATED NON-FINANCIAL BUSINESSES AND PROFESSIONS (DNFBP) Self-Certification Form

<b>CUSTOMER INFORMATION NUMBER</b>										
<b>CUSTOMER NAME</b>										

**NOTE:** Please select the industry or category that best represents your business operations:

<input type="checkbox"/>	I am not involved in any of the business categories listed below.
<input type="checkbox"/>	Jewelry shop/dealer trading precious metals/stones
<input type="checkbox"/>	Company service provider/law firm/accounting firm which provide any of the following services to third parties: <ul style="list-style-type: none"> <li>a. Acting as a formation agent of juridical persons;</li> <li>b. Acting as (or arranging for another person to act as) a director or corporate secretary of a company, a partner of a partnership, or a similar position in relation to other juridical persons;</li> <li>c. Providing a registered office, business address or accommodation, correspondence or administrative address for a company, a partnership or any other legal person or arrangement; and</li> <li>d. Acting as (or arranging for another person to act as) a nominee shareholder for another person;</li> </ul>
<input type="checkbox"/>	An individual/law firm/accounting firm who/which provide any of the following services: <ul style="list-style-type: none"> <li>a. Managing of client money, securities or other assets;</li> <li>b. Management of bank, savings or securities accounts;</li> <li>c. Organization of contributions for the creation, operation or management of companies; and</li> <li>d. Creation, operation or management of juridical persons or arrangements, and buying and selling business entities.</li> </ul>
<input type="checkbox"/>	Casino (including internet and ship-based casinos with respect to their casino cash transactions related to their gaming)
<input type="checkbox"/>	An individual or company engaged in Real Estate Broker and/or Property Developer
<input type="checkbox"/>	A company that is an Offshore Gaming Operator/Business (OGO/OGB) or a Service Provider for an Offshore Gaming Operator / Business (OGO/OGB SP)

## UNDERTAKING

I certify that the information provided herein is true and accurate to the best of my knowledge. I agree to notify Equicom Savings Bank in writing of any changes to the details supplied in this form.



**Cardholder Signature Over Printed Name / Date**

**Cardholder Signature Over Printed Name / Date**

## FOR BANK USE ONLY

**Processed by:**

**Approved by:**