

# POLITICALLY EXPOSED PERSON (PEP) QUESTIONNAIRE



MLCL    FFLC    MGI   Other: \_\_\_\_\_ Policy/ Account No: \_\_\_\_\_ Date: \_\_\_\_\_

CLIENT INFORMATION	
Client Name:	
Client number:	Date of Birth (Individuals):
Identification number or Company Registration number:	

If you have provided a positive response to any of the questions below, you may be contacted by a representative from The Maritime Financial Group to confirm details and or provide proof of statements. Consent is hereby given to The Maritime Financial Group to disclose the information provided herein to other members of The Maritime Financial Group and/or to regulatory/law enforcement authorities and/or any competent tax authority.

**I will notify The Maritime Financial Group of any alterations to the information provided below within 30 days of becoming aware.**

## SECTION A- THIS SECTION IS TO BE COMPLETED BY INDIVIDUALS:

Please indicate whether the following are applicable to you:			
(a) A current or former senior official in the executive, legislative, administrative or judicial Branch of government either local or foreign	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, please provide details .....			
(b) A senior official of a major political party either local or foreign	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, please provide details .....			
(c) A senior executive of a local or foreign government owned commercial enterprise	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, please provide details .....			
(d) A senior military official	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, please provide details .....			
(e) Have you been entrusted with prominent function for an international organization (eg. UN, OAS, IADB,CFATF etc)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, please provide details .....			
(f) Have any immediate family members who are categorised as listed (a) to (e) above	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, please provide details .....			
(g) A close associate of any person categorised as listed (a) to (e) above	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
If yes, please provide details .....			

\_\_\_\_\_  
Client Signature and Date

\_\_\_\_\_  
Witness Signature and date

## SECTION B- THIS SECTION IS TO BE COMPLETED BY CORPORATE CLIENTS

(a) Do any of your Company's key functionaries (Directors, Secretaries, Officers, Management Team and/or Shareholders holding more than 10% of paid up share capital) meet any of the criteria as outlined in questions a- g in Section A above?

YES    NO    N/A

P.T.O

Version II 2016

(b) IF "YES", please provide the information requested in the table below.

Name of Functionary	Position within the Company	Details on the identified person's PEP status

Name of person completing this form	
Position of person completing this form	
Signature of person completing this form	
Date and stamp	