

# 2020 Personal Details Questionnaire



ALEX PICOT TRUST

Please return to: 95/97 Halkett Place, St Helier, Jersey JE1 1BX

Full Name	Telephone Number (inc international dialling code)
Former Names	Mobile (inc international dialling code)
Residential Address	E-mail
	Fax number (inc international dialling code)
Correspondence Address (if different)	Country of Residence
	Country of Domicile
Date of Birth	Place of Birth (town and country)
National Insurance Number / Social Security Number	For US Persons (who can be US Citizens, US Residents, are US born or have US address or telephone number) – US TIN (Tax Identification Number).  For Jersey Residents, please record your Social Security Number.
Tax Number	

## Personal Source of Wealth

Settlor(s) of a Trust and Beneficial Owner(s) of a Company. Please provide details and, where possible, evidence of your source of wealth (how you made your wealth).
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## Employment Details

Current Occupation / Previous Occupation if retired:	Employer Address
Name of Employer	
Type of Business	

## References & Confirmations

Please provide two professional references (from a lawyer, accountant, bank official) on a separate sheet. These will remain confidential.		
Are you a serving or prior member of any government, a senior civil servant, a military officer or a close relative of such a person? (if yes please detail on a separate sheet)	Yes	No
Have you been declared bankrupt in any part of the world or been a director of, or otherwise concerned in the management of a company which has been subject to an insolvent liquidation or been the subject of a judicial enquiry? (if yes please detail on a separate sheet)	Yes	No
Do you have, or have you been involved with any other Jersey company? Please provide name(s) and registered number(s).	Yes	No
<b>Further Relevant Information:</b>		

## 2020 Personal Details Questionnaire – Notes

<b>Data Protection consent:</b> I confirm that I give consent to Alex Picot Trust to process my personal data for the purposes of operating a business relationship with me in accordance with their terms and conditions, a copy of which has been provided to me and which I have read and understood. I understand that I have the right to withdraw this consent at any time.	
	<b>Signature</b>
	<b>Date:</b>
<b>Check that you have:</b> <ul style="list-style-type: none"><li>signed the form and the Data Protection consent</li><li>attached a certified copy of your passport</li><li>attached the original or certified copy of utility bills NOTE: – WE CAN CERTIFY THESE DOCUMENTS ON SIGHT OF THE ORIGINALS</li></ul>	<b>Signature</b>
	<b>Date:</b>

Please attach a copy of the passport, initialled by the certifier for verification purposes. The wording below should be used for all identity verification.

Note: The photograph and details must be clear. We may request a translation.

### **IDENTITY VERIFICATION**

**I certify that I have seen the original document in the name of ..... (Full Name), and confirm that the original copy attached to this page, which has been initialled by me, is a true and accurate copy of the original document and that the photograph bears a true likeness to the holder.\***

Signature ..... Date .....

Full name .....

Name of Firm or Business .....

Address of Firm or Business .....

.....

Position held and qualification .....

Type of Business (i.e. Accountant, Notary, Lawyer, Director of Regulated Business) .....

Telephone number ..... Mobile number .....

NOTE: A CERTIFIER SHOULD BE SUBJECT TO PROFESSIONAL RULES OF CONDUCT AND INDEPENDENT ie a lawyer or notary public; an accountant holding a professional qualification; a director, officer or manager of a regulated financial services business; an embassy of the country of issue or a serving police or customs officer.

**\*The true likeness certification of the photograph accords with our internal procedures and Jersey Regulations. It is also the minimum certification standard required by banks when opening accounts.**

### **ADDRESS VERIFICATION**

Please send any two of the following documents verifying your residential address:

Electricity Bill  
Water Bill  
Gas Bill

Bank Statement  
Credit Card Statement  
Telephone bill (landline only)

1. Please send original bills/statements (preferred option) and we will return them or, certified copies using the wording and all the details shown above.
2. The bills or statements must be recently dated ie within 3 months.

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