

## ***INSTRUCTION SOURCE OF FUNDS***

### **General Instructions:**

Following the details of this instruction is important in order to facilitate timely processing, to avoid unnecessary fees, and to comply with applicable laws.

The Affidavit of Source of Funds and Indemnification (SOF) must precede the Incoming Funds, be complete and notarized. Please see information below for supporting documentation requirements.

***Funds received without a SOF and Supporting Documents (see requirements below) the day of the wire transfer, will automatically be charged a \$US150.00 fee on the second day and an additional \$US100.00 each subsequent day to a maximum of \$US750.00***

### **Instructions to complete Affidavit of Source of Funds (SOF) and Indemnification:**

#### **Item Number**

1. Name of Company to receive funds.
5. Please indicate type transfer, wire or check and \$ amount of transfer
6. Details of the sending account type
7. Completed for wires or checks with the phone number of the bank and a point of contact by job position or name.
8. Please provide complete information for the intended contribution.

<b>Supporting Documents</b>	<b>Less than \$US 500,000</b>	<b>In excess of \$US 500,000</b>
Affidavit of Source of Funds	X	X
Originating Wire Transfer Instructions	X	X
Account Activity / Bank Statement		X
Request for further documentation	The bank always reserves the right to request further documentation and/or information, regardless of the incoming amount.	

# AFFIDAVIT OF SOURCE OF FUNDS AND INDEMNIFICATION

COMES NOW, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the undersigned, \_\_\_\_\_, of  
(Day) (Month) (Year)

\_\_\_\_\_ who being first duly sworn upon oath, deposes and states as follows:  
(Your Address)

1. That to the best of my/our knowledge and belief the information in the following source of funds statement and all annexes thereto, is true and accurate and is free of all claims, debts, loans, lawsuits, or contingent liabilities (such as indemnities or guarantees) immediately prior to any transfers by me/us to the accounts of \_\_\_\_\_, held at National Bank of Anguilla. (Name of Insurance or Trust Company)
2. I/We do not contemplate filing for relief under the provision of any applicable Bankruptcy Code, nor are I/we involved in any situation that I/we reasonably anticipate would cause us to file for relief under any Chapter of any applicable Bankruptcy Code in the future.
3. I/We are not transferring assets in an attempt to defeat the collection of any U.S. government or U.S. government-backed obligations. I/We are aware that doing so can amount to a crime.
4. I/We have read and understand the description of the Money Laundering Control Act as provided to me/us and confirm and represent that none of the wires which we may transfer to the National Bank of Anguilla have been derived from any of the activities specified in such Act. I/We understand that the bank is a regulated financial institution that is required to comply with various laws and regulations intended to detect and report unlawful financial transactions relating, but not limited, to money laundering and terrorist financing. As the subject of such regulation, the bank is required by law to make transaction reports to regulators and to report suspicious activity. I/We understand that regulators or law enforcement may require the bank to disclose personal financial information relating to customers and transactions and may require the bank to comply without providing notice to the individual or object of any such investigation.
5. The amount of funds transferred via the (please check on) wire transfer  or check  to which this Affidavit of Source of Funds and Indemnification applies is \$\_\_\_\_\_.
6. The source of the transfer is from my \_\_\_\_\_ (i.e., corporate, checking, savings account at \_\_\_\_\_ (name of bank) located at \_\_\_\_\_ (address). My banker's reference number (Fed-Funds receipt # if applicable) is \_\_\_\_\_.
7. My reference to verify this transaction is \_\_\_\_\_ who can be contacted at telephone number \_\_\_\_\_.
8. Please select **one** of the following to ensure your incoming funds are recorded correctly:
  - Trust Contribution \_\_\_\_\_ (name of trust).
  - Capital Contribution to \_\_\_\_\_ (name of IBC/LLC).
  - Other \_\_\_\_\_ (provide details).

FURTHER AFFIANT SAYETH NOT.

\_\_\_\_\_  
Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
My Commission Expires:

\_\_\_\_\_  
Notary Public