



Overseas Citizens Services Center

Client Information Sheet

PERSONAL INFORMATION

Full Name			
Date of Birth		Gender	
Current Residential Address			
Current Country of Residence		Current Passport	
Birth Country		Passport Expiration	
Citizenship		Civil Status	

CONTACT INFORMATION

Mobile Number			
Email			
Preferred Mode of Contact			
Telegram		Line	
Viber		KakaoTalk	
Whatsapp			

Do you have a St. Kitts and Nevis Passport? Yes No

How did you acquire it? Please tick all possible answers and fill in the details below:

Acquired Thru	Name of Property/Project
<input type="checkbox"/> SISC Donation - Sustainable Island State Contribution	
<input type="checkbox"/> Real Estate - Real Estate Development	
<input type="checkbox"/> Private Home Sale - Private Home and Land Sale	
<input type="checkbox"/> Public Benefit - Approved Public Projects	

FAMILY INFORMATION

Full Name	Relationship	Occupation

FINANCIAL INFORMATION

Source of Funds	<input type="checkbox"/> Employment Income <input type="checkbox"/> Investment/Assets <input type="checkbox"/> Personal Savings		
Name of Employer/ Business		Gross Monthly Income (USD\$)	
Nature of Work/ Business		Job Title	
Corporate Group Affiliation (if any)			
TIN		SSS	
VAT Registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Principal Stockholders/Partners: As of _____ (Date)

1.

2.

3.

List of Directors: As of _____ (Date)

1.

2.

3.

List of Principal Officers: As of _____ (Date)

1.

2.

3.

Number of Employees	
Average Gross Income for the Last Two Years	
Monthly Expenses	
Net Taxable Income	

Bank Accounts	Type of Account
1.	
2.	
3.	

Other Assets	Personal Assets
1.	1.
2.	2.
3.	3.

HEALTH RECORD

Have you been in any medical/surgical procedure for the past 12 months?

If yes, please state what procedure have you undergone:

Do you have any food/drug allergy? If yes, please state:

Are you currently under medication?

If yes, please write down the name of the prescribed drug:

CRIMINAL RECORD

Have you ever been arrested or detained?

If yes, under what violation?

Have you ever been caught under the influence of alcohol or any illicit substances?

If yes, under what substance?

CLIENT'S UNDERTAKING AND SIGNATURE

By signing, I hereby consent and certify that the given information in this form is true and correct to the best of my knowledge and I confirm that I have read, understood and agreed in full to the OCSC's Terms and Condition.

1. I/We Jointly and severally confirm that all information given by me/us in this form is correct, accurate and complete. If as a result of my/our failure to furnish the OCSC with correct, accurate and complete information, OCSC is unable to carry out in part or in full any of my/our instructions, OCSC shall not be liable or responsible for any losses or damages which I/we may suffer as a result.
2. By providing my/our signature(s), I/we authorize the OCSC to update my/our records with the said establishment.
3. I/We hereby agree to inform OCSC if there is any change in any of the details I/We provided to OCSC in this form.
4. I/We have read the notes above and further agree to be bound by any and all terms and conditions governing the relevant accounts, facilities, products and/or services

Signature Over Printed Name

Date Signed