



**FINANCIAL INTELLIGENCE ACT CLIENT QUESTIONNAIRE FOR INDIVIDUALS
RECORD OF PRESCRIBED CLIENT PARTICULARS (NATURAL PERSON)**

This form must be completed by individuals who enter into a relationship with BRIDGING FINANCE SOLUTIONS

Client Personal Details

Full Names:
Previous Name (if any):
Marital Status:
Marital regime (if any):
Full names and identity number of spouse (if any)
Date of birth:
Type of identity document:
Identity/Passport No:
Nationality:
Work Permit Number (if any):

Contact Details

Tel (H):
Tel (W):
Cell:
Spouse Tel/Cell (if any):
Email Address:
Spouse E-mail (if any):
Residential Address:
Postal Address:
Fax:
Employment Address:
Employment Postal Address:
Employment Fax:
Foreign Address (if foreign national):

Source of Income and Funds Details:

Employment:	Employer
	Occupation
	Date of Employment
	If Self-Employed, state nature of business and name if any (If this column is too small, please complete on a separate document and attach as Annexure "A")
	Salary / Monthly Income Amount (attach copy of pay slip / proof of income)
	Employer Contact Details
Source of Funds:	Estate Agent Commission
	Proceeds from Sale of Property

Purpose of opening the account:

- Commission
- Sale of Property
- Other: Please specify _____

For Property Transactions, please specify

- * Details of the Property _____
- * Name of the person in whose name the property is to be registered _____

Client Declaration:

I, _____ confirm that the information provided above is correct and further undertake to provide any additional information and/or documentation that may be requested by BRIDGING FINANCE SOLUTIONS concerning my transaction conducted by them.

Client Signature

Date of Signature