

Carbon Capital Fund Usaldusfond - Source of Funds Declaration Form

Client Information			
•	Full Name:		
•	Address:		
•	Contact Number:		
•	Email Address:		
Section	n 1: Employment Income (If applicable)		
•	Employer's Name:		
•	Employer's Address:		
•	Nature of Business:		
•	Annual Salary (Last 2 years):		
•	Bonuses Received (Last 2 years):		
•	Most Recent Payslip (Attach copy)		
•	Employer Confirmation of Salary (Attach letter)		
•	Self-employed? [] Yes [] No (If Yes, attach latest tax declaration/accounts)		
Section	n 2: Savings / Deposits (If applicable)		
•	Bank Name:		
•	Account Number (last four digits only):		
•	Statement Attached? [] Yes [] No		
•	Explanation of Source of Wealth:		
Section	n 3: Property Sale (If applicable)		
•	Property Address:		
•	Date of Sale:		
•	Sale Value:		
•	Buyer's Name:		
•	Contract of Sale Attached? [] Yes [] No		
•	Title Deed Attached? [] Yes [] No		







Section 4: Sale of Shares / Investments (If applicable) Company Name: Stock Exchange Name: Sale Date: Sale Value: Contract of Sale Attached? [] Yes [] No Shareholder Certificate Attached? [] Yes [] No Broker/Agent Statement Attached? [] Yes [] No Section 5: Loan (If applicable) Loan Amount: Date of Loan: • Purpose of Loan: • Lender's Name & Address: • Loan Agreement Attached? [] Yes [] No **Section 6: Company Sale** (If applicable) Company Name: _____ Company Address: ____ Nature of Business: Sale Date: Sale Value: Share Participation: Sale Contract Attached? [] Yes [] No





Company Registry Search Attached? [] Yes [] No



Section 7: Company Profits / Dividends (If applicable)		
•	Company Name:	
•	Amount Received:	
•	Date Received:	-
•	Financial Statements Attached? [] Yes [] No	
•	Tax Declaration Attached? [] Yes [] No	
Sectio	n 8: Inheritance (If applicable)	
•	Name of Deceased:	
•	Date of Death:	
•	Relationship to Client:	
•	Date Received:	
•	Total Amount:	
•	Solicitor's Details:	
•	Tax Clearance Document Attached? [] Yes [] No	
Sectio	n 9: Gift (If applicable)	
•	Amount Received:	
•	Date Received:	-
•	Donor's Name & Relationship:	
•	Letter from Donor Explaining Gift Reason Attached? [] Yes [] No	
•	Donor's ID Attached? [] Yes [] No	
•	Donor's Source of Wealth Details Attached? [] Yes [] No	
Sectio	n 10: Maturity / Surrender of Life Policy (If applicable)	
•	Policy Provider:	_
•	Policy Number:	_
•	Amount Received:	
•	Date of Surrender:	
•	Supporting Documents Attached? [] Yes [] No	







Section 11: Other Income Sources (If applicable)

Nature of Income:
Amount Received:
Date Received:
Supporting Documents Attached? [] Yes [] No
Declaration I,, confirm that the above information is accurate and complete. I understand that providing false or misleading information may result in further verification or rejection of my deposit.
Signature:
Date:
For Office Use Only:
Reviewed by:
• Date:
Further Documentation Required? [] Yes [] No (If Yes, specify:)



