

OFFER AND ACCEPTANCE FORM

Date: _____

Agent: _____ of _____
Real Estate Company

RE: Purchase, the property known as: _____
Address or legal description

I/We, _____ of _____
Purchaser(s)
_____ herewith agree to purchase the above
Address

mentioned property for BDD\$ _____, (_____) Barbados
dollars. Amount in words

Kindly note this offer is made for the property "AS IS" and is being made SUBJECT TO A FORMAL CONTRACT.

This offer is: (circle items that apply)

A) Not subject to any special conditions and I am in a position to pay the requisite 10% deposit upon receipt of the sales agreement.

OR

B) Subject to obtaining a letter of commitment from: _____
Financial Institution

OR

C) Subject to inspection by third party: _____
Engineer/Contractor etc.

Signed: _____
Date

Witness: _____

Purchaser: _____

Print Name of Witness: _____

Purchaser: _____

Address of Witness: _____

Vendor Acceptance: SUBJECT TO FORMAL CONTRACT.

I/We, _____ accept the above offer for the purchase of my/our property as
Seller(s)
described above.

I/We hereby agree that no other offer shall be entertained until two weeks after the sale and purchase agreement has been delivered to your attorney at law.

Signed: _____
Date

Witness: _____

Vendor: _____

Print Name of Witness: _____

Vendor: _____

Address of Witness: _____



THE DIRECTOR, FINANCIAL INTELLIGENCE UNIT

ANTI-MONEY LAUNDERING AUTHORITY P.O. BOX 1372 Bridgetown, Barbados FACSIMILE NO. (246) 436-4756

Email: amla@sunbeach.net

For urgent reporting – Tel. (246) 436-4734/5

KNOW YOUR CUSTOMER FORM

(This form is required to be filled out by all purchasers as per the law of Barbados. Agents are under legal obligation to advise the FIU if a client refuses to comply.)

Additional Information for Individual Clients

Name: _____

Date of Birth: _____

Place of Birth: _____

Nationality: _____ Residence (Country of) _____

Personal Identification No. _____ (e.g. Passport, National Identification Card or Driver's License along with Social Security Number or equivalent, if non-resident)

Name & Address of current employer: _____

No. of years with current employer: _____

Telephone Nos. Home: _____ Cell: _____ Business: _____

Additional Information for Corporate Clients

Name of Company/Partnership/Association: _____

Address of Registered Office: _____

Trading Address: _____

Mailing Address: _____

Nature of Business or Partnership: _____

Date of Commencement of Business/Partnership: _____



Names & Residential Addresses of Directors/Officers/Controllers/Shareholders:

For official use only:

Supporting documentation (individual clients)

- Personal photographic identification
(e.g. Passport, National Identification Card or Driver's License along with Social Security Number or equivalent, if non-resident.)

- Confirmation of permanent address.
(Recent original utility bill with full address – not more than 3 months old.)

Supporting documentation (corporate clients)

- Certified copy of corporate instruments (certificate and articles of incorporation or equivalent documents) or certified copy of partnership deed, registration of business name or equivalent documents.

- Personal photographic identification for each senior officer/controller (e.g. Passport, National Identification Card or Driver's License along with Social Security Number or equivalent, if non-resident). These must show, at a minimum, the person's photograph, date of birth and signature.

Agent's Signature: _____

Date: _____ Agent's Government Receipt Nbr: _____

