



SAINT CHRISTOPHER AND NEVIS

*Financial Services Regulatory Commission
St. Kitts Branch*

The details required in order to conduct due diligence on an individual:-

Name of Applicant:-

Present Address:-

Permanent Address:-

Date of Birth:-

National at Birth:-

Present Occupation:-

Passport Number:-

Place of Issue:-

Date of Issue:-

Date of Expiration:-

Social Security Number:-

Name and Signature of person requesting due diligence:-

Contact Information:-

Upstairs Karibhana Building, Liverpool Row, P O. Box 898, Basseterre, St. Kitts, W.I.

Telephone No.: (869) 466-5048 ■ 467-1019/1591

Fax No.: (869) 466-5317 ■ Email: skanfsd@sisterisles.kn



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Please Note

1. Cost – US\$5,000 made payable to the Financial Services Regulatory Commission (Personal Checks are not accepted. International Money Orders or Bank Drafts please)
2. The attached Individual Release Form must be signed by the applicant before the background check can be processed.
3. Notarized copies of passport must accompany request
4. Processing of the background check may be delayed if all required documents are not obtained.



NFC Global Individual Release Form

By completing and signing this document, I authorize NFC Global (NFC), acting on behalf of Saint Kitts and Nevis, Ministry of Finance, to obtain the following records and information about me:

Initial each item to be obtained:

Obtain Litigation Records in my name.

Obtain and verify my Education Records including dates of attendance and degree(s) or certificates obtained.

Obtain and verify Employment Records in my name.

Perform a Criminal Records Search in my name.

Further, I understand that these inquiries could be requested from Federal, State, Local or Military Agencies and/or Consumer Credit Reporting companies.

I authorize, without reservation, any agencies contacted to furnish the above listed information and release all parties involved from any liability and responsibility for doing so. This authorization and consent shall be valid in an original, fax, photocopy or digital image form.

(Please fill in the following information completely.)

Last Name: _____ First Name: _____ Middle: _____

Social Security/Citizen ID Number: _____ Date of Birth: _____

Current Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone Number: _____

Signature: _____ Date: _____