

Source of Wealth Declaration Form

Bank Use Only	
Classification: <i>(Provide reason for such classification)</i>	
Customer Name:	
Customer Number:	
Customer ID Card Number:	
Customer Net Worth	
Name of Reviewing Official:	

Source of Wealth Information

Customer's Employment – Employment history details			
Name of Employer	Period	Position	Approx. Net Yearly Income
Safent Limited	2020	CFO	121479
Safent Limited	2021	CFO	74176
Self-employed	2022	Director	90585

Business Ownership			
Name / address of the company	Main business activity	Customer's ownership interest/shares	Date business established

Company Profits			
Name of Company	Number & Place of Registration	Nature of Business	Annual Profit (€)

Property Owned				
Type of Property	Location	Date of Acquisition	How property was acquired (Inheritance/purchase)	Approximate value (€)
Home	Swieqi	2010	purchase	869,000

Sale of Property		
Type of Property	Date of Sale	Sale Amount (€)

Bank Accounts held (both locally and overseas)		
Name of Bank	Duration of Relationship	Approximate Balances held (€)
HSBC	65	65
BOV	28	28

Wealth Investments / Liquidation of Investment Portfolios					
Type of investment	Name of Custodian/ Bank/ Broker	Present Value (€)	Period of Investment	Original amount invested	Income from Investment
Stocks	CCtrader	49k	3 months	38k	11k

Inheritance			
Relationship to deceased	Date Received	Type of Asset inherited	Total Amount Inherited

Gifts			
Date Received	Amount	Relationship to Client	Type of Gift (Cash / Bank Draft / Art Work etc.)

Retirement Income			
Retirement Date	Name of Last Employer	Type of Income	Frequency of Income

Dividend Payments			
Date of Receipt of Dividend	Amount Received	Name of Company paying dividend	Length of time shares held in company

Sale of Works of Art		
Description of the work of art	Date & Amount paid for the work of art at time of acquisition	Date & Amount of proceeds from sale

Lottery / Betting / Casino Winnings		
Date & Amount of Win	Type of Bet / Lottery	Name of organisation making payoff

Maturity / Surrender of Life or Insurance Policy			
Policy Provider	Type of Policy	Amount Received	Date of Surrender

Divorce Settlement	
Date and Type of Settlement Received	Total Amount Received

I confirm the above,

Michael Gatt

Customer's Name



Customer's Signature

340983M

ID Card Number

3rd July 2023

Date

Bank Use Only	
Name of Reviewing Officer:	
Position:	
Signature:	
Date:	