



WESTERN UNITED CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

#40 Fitt Street, Woodbrook 170209, Port of Spain, TRINIDAD

Contact Info: Tel-1-868-622-3379 | 1-868-628-0926 | 1-868-628-5288 | Fax- 1-868-628-4761 | Website: www.wescutrinidad.com

SOURCE OF FUNDS DECLARATION

PLEASE COMPLETE IN CAPITAL LETTERS

Branch Location: _____ Transaction Date: _____ (dd/mm/yy) Account #: _____

Name of Member: _____ Date of Birth _____ (dd/mm/yy)

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Identification Number: _____ Type: DP [] Electoral ID [] Passport []

Residency Status: Resident [] Non-Resident []

Occupation/Type of Business: _____

Name of Depositor: _____ Date of Birth _____ (dd/mm/yy)

Address: _____

Telephone: (H) _____ (W) _____ (C) _____

Identification Number: _____ Type: DP [] Electoral ID [] Passport []

Depositor Signature: _____ Relation to Member: _____

FOREIGN MEMBERS

Name of Financial Institution: _____

Address: _____

Account Number(s): _____

PAYMENT DETAILS

Account Number: _____ Payment Details: TTD [] USD [] GBP [] CAD [] BDD [] ECD []

Transaction Type: Shares [] Deposit [] Loan [] Payment Type: Cash [] Cheque [] Wire Transfer []

Total Cash: \$ _____ Total Cheques: \$ _____ Total Amount Deposited: \$ _____

DECLARATION OF FUNDS

- Sale of Property
- Proceeds from Business Trade
- Proceeds from a Contractual Obligation
- Gift
- Attorney's Escrow Account
- Proceeds from an Inheritance or Trust Fund
- Proceeds from Investment
- Other _____

Particulars:

The information provided on this form will be treated confidentially. However, by reason of the requirements of the Proceeds of Crime Act (POCA), 2000, the Anti-Terrorism Act 2005; and the Trinidad and Tobago Financial Intelligence Unit Act 2009, and their amendments and accompanying Regulations, Western United Credit Union Co-operative Society Limited, policy requires WESCU to be satisfied as to the Source of Funds before it is accepted. Consent is thereby given to the Credit Union to verify and disclose the information provided herein to Law Enforcement Agencies.

Members' Name:

Transaction Conducted by:

Verified by:

Block Letters

Block Letters

Block Letters

Signature

Signature

Signature

For OFFICIAL USE ONLY

Member's Risk Profile: Low [] Medium [] High []

Transaction Accepted [] Transaction Declined [] Transaction Incomplete []

Details: _____

Compliance Officer (Block Letters)

Compliance Officer (Signature)

Date