

KNOW YOUR MEMBER (KYM) DUE DELIGENCE FORM

The Insurance Industry Credit Union Co-operative Society Limited #30 Agra Street, St. James. Telephone: 622-1354 / 628-8233

Member #:									
A. MEMBER'S IDENTITY DETAILS									
Title: Mr. Ms. Mrs. Mrs. Mrs. Status: Single Married Divorced Common-law Widowed D									
Full									
Name.									
Date of Birth (dd/mm/yy):/ Place of Birth:									
Nationality: Other (please specify):									
Resident: Yes No	If "No", state Country of Residence:								
Permanent Address:									
Mailing Address:									
Telephone Numbers: Home: ()									
Email Address:									
B. VERIFICATION OF IDENTITY AND ADDRESS (Certified true copies of the Originals must be submitted)									
ID Type (2 forms) Number	Country of Issue Expiry Date (dd/mm/yy)								
National ID									
Driver's Permit									
Passport									
Address Verification: Utility Bill (Electricity / Water / Telephone / Cable)									
Documents attached: Yes □ No □									
C. OCCUPATIONAL DETAILS									
Classification: Private Sector ☐ Public Sector ☐ Government Ser	rice ☐ Self-employed ☐ Retired ☐ Homemaker ☐ Student ☐								
Occupation: If Self-employed or with side job, please complete:									
Employer:	Occupation:								
	Name of Business:								
Work Address: Business Address:									
Business Telephone Number: ()									
	VAT Registration Number (if applicable):								
Work Telephone Number: ()	Certificate of Incorporation (if applicable): Copy attached: Yes No								
Gross Annual Income Details: <\$50,000 □ \$50,000 - \$100,000									
D. POLITICALLY EXPOSED PERSONS (PEP) - See Page 2 for meaning of PEP									
Please tick if you fall into any of these categories: Are you an INDIVIDUAL, or the IMMEDIATE FAMILY of, or a CLOSE PERSONAL/PROFESSIONAL ASSOCIATE of:									
Head of State or Government: Yes ☐ No ☐	Senior Politician: Yes No 🗆								
Senior government, Judicial or Military Officials: Yes \Box No \Box	Senior executives of State-owned corporations Yes No								
Important Political Party Officials: Yes No									
Are you or have you been entrusted with a prominent function by an international organization (UN, OAS, IADB, ILO, CFATF)									
If Yes, please provide details:									

E. APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents / references as required)									
Name and Address of Foreign Financial Institution:									
Telephone number of Foreign Financial Institut	ion: ()								
Notarised Passport: Driver's Permit: Identification: Other: Other:									
AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)									
US Indicia			Documentation Required			Documents attached			
US Citizens or lawful permanent resident			• W-9 or	W-8BEN		Yes \square	No 🗆		
US Birthplace			Non-US foreignWritten	W-8BEN S passport or similar docum citizenship explanation regarding US of	_	Yes 🗆	No 🗆		
US Address (residence and mailing)			Non-US	W-8BEN S passport or similar docum citizenship	entation establishing	Yes 🗆	No 🗆		
Instruction to transfer funds to US Accounts or dire from a US address	ctions regularly received		• W-9 or	W-8BEN entary evidence establishin	g non-US status	Yes 🗆	No 🗆		
Only address on file is "in care of" or "hold mail" or (Notice of 2001-34 excludes foreign PO Box as US				W-8BEN entary evidence establishin	g non-US status	Yes 🗆	No 🗆		
Power of Attorney or signatory authority granted to person with US address				W-8BEN entary evidence establishin	Yes 🗆	No 🗆			
F. DECLARATION									
I hereby declare that all of the information above is true, accurate and complete and the Credit Union is entitled to rely fully on such information and representation as may be required by law, unless the Credit Union receives notice in writing of any change thereafter.									
Dated at		_this	day of						
20					Seal / Stamp of the Intermediary (if applicable)				
Name of Intermediary (if applicable)	Signature of Intermediary								
FOR OFFICE USE ONLY									
Originals Verified Certified document copies received Copies of documents received Copi									
List Checking: UN2253 (1267) □	T&T Consolidated List of Court Orders □			OFAC Other Other					
				Reviewed by:			_		
Member Services	Date Su	Supervisor / Manager		Date	Compliance Officer		Date		
Remarks									
Homano									

POLITICALLY EXPOSED PERSONS

Meaning of Politically Exposed Persons (PEPs)

- a) Individuals such as the Head of State or Government, senior politician, senior government, judicial or military officials, senior executives of State-owned corporations and important political party officials who are or have been entrusted with prominent functions
 - i. By a foreign country; or
 - ii. Domestically for Trinidad and Tobago;
- b) persons who are or have been entrusted with a prominent functions by an international organization which refers to members of senior management such as directors and members of the board of equivalent functions (UN, OAS, IADB, ILO, CFATF).
- c) an immediate family member of a person referred to in (a) such as spouse, parent, siblings, children and children of the spouse of that person, and
- d) any individual publicly known or actually known to the relevant financial institution to be a close personal or professional associate of the persons referred to in (a) and (b) above.