



The Insurance Industry Credit Union Co-operative Society Limited

SOURCE OF FUNDS DECLARATION

DATE: _____ (DD/MM/YY)

TIME OF TRANSACTION: _____ AM/PM

MEMBER INFORMATION

FULL NAME: _____		ACCOUNT NO.: _____
ADDRESS: _____ _____		
TELEPHONE: (H) _____	(W) _____	(C) _____
D.O.B. _____ / _____ / _____		DD MM YY
IDENTIFICATION (check expiry date): NATIONAL ID# _____		DP# _____
PP# _____		
EXPIRY DATE: _____ / _____ / _____		DD MM YY
OCCUPATION: _____		RESIDENT <input type="checkbox"/>
		NON-RESIDENT <input type="checkbox"/>
		PEP <input type="checkbox"/>

DEPOSITOR INFORMATION (if different from above)

FULL NAME: _____		RELATIONSHIP TO MEMBER: _____
TELEPHONE: (H) _____	(W) _____	(C) _____
D.O.B. _____ / _____ / _____		DD MM YY
IDENTIFICATION (check expiry date): NATIONAL ID# _____		DP# _____
PP# _____		
EXPIRY DATE: _____ / _____ / _____		DD MM YY

PAYMENT DETAILS

AMOUNT DEPOSITED \$ _____

RECEIPT NUMBER: _____

TRANSACTION TYPE:	PAYMENT TYPE:	CHEQUES: show Bank name, Cheque # and Amount (use overleaf if necessary)
SHARES <input type="checkbox"/>	Cash <input type="checkbox"/>	_____
DEPOSIT <input type="checkbox"/>	Cheque <input type="checkbox"/>	_____
LOAN <input type="checkbox"/>	Linx <input type="checkbox"/>	_____
OTHER <input type="checkbox"/>	Direct Deposit <input type="checkbox"/>	

DECLARATION OF FUNDS

I declare that the source of funds for this transaction is:

Savings Salary Bank Retirement Sale of Vehicle Back-pay Sale of Property Insurance

Other (please specify): _____

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 Ant-Terrorism Act 2005, and the Trinidad and Tobago Financial Institution Act 2009, The Insurance Industry Credit Union policy requires it to be satisfied as to the source of funds before it is accepted. Consent is thereby given to The Insurance Industry Credit Union to verify and disclose the information provided therein to law enforcement agencies.

Signature of Member: _____ Date: _____

Signature of Depositor: _____ Date: _____

FOR OFFICIAL USE ONLY

Transaction taken by: _____	Authorizing Officer: _____
Transaction accepted <input type="checkbox"/>	Transaction declined <input type="checkbox"/>
Member refused to sign <input type="checkbox"/>	Other (specify) <input type="checkbox"/>
Reviewed by: _____	Compliance Officer: _____
Date: _____ / _____ / _____	
DD MM YY	
C.O. Action: _____	