

6. YES NO A close personal or professional associate of the persons mentioned above in 1-4.
 7. YES NO Any individual who are or have been entrusted with a prominent function by an international organization such as the UN and affiliates, OAS, IDB, ILO, CFATF, etc.

If YES to any of the above, provide a brief explanation of the relationship the space below:

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 Institution: () _____
 Notarised Passport: Driver's Permit: Identification: Other:

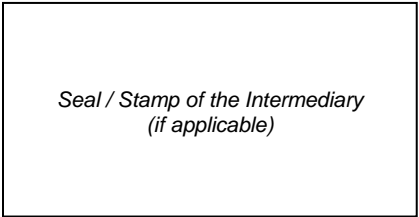
AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

US Indicia	Documentation Required	Documents attached
US Citizens or lawful permanent resident <input type="checkbox"/>	• W-9 or W-8BEN	Yes <input type="checkbox"/> No <input type="checkbox"/>
US Birthplace <input type="checkbox"/>	• W-9 or W-8BEN • Non-US passport or similar documentation establishing foreign citizenship • Written explanation regarding US citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/>
US Address (residence and mailing) <input type="checkbox"/>	• W-9 or W-8BEN • Non-US passport or similar documentation establishing foreign citizenship	Yes <input type="checkbox"/> No <input type="checkbox"/>
Instruction to transfer funds to US Accounts or directions regularly received from a US address <input type="checkbox"/>	• W-9 or W-8BEN • Documentary evidence establishing non-US status	Yes <input type="checkbox"/> No <input type="checkbox"/>
Only address on file is "in care of" or "hold mail" or US PO Box (Notice of 2001-34 excludes foreign PO Box as US Indicia) <input type="checkbox"/>	• W-9 or W-8BEN • Documentary evidence establishing non-US status	Yes <input type="checkbox"/> No <input type="checkbox"/>
Power of Attorney or signatory authority granted to person with US address <input type="checkbox"/>	• W-9 or W-8BEN • Documentary evidence establishing non-US status	Yes <input type="checkbox"/> No <input type="checkbox"/>

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_____
 _____ Signature of Member
 _____ Signature of Intermediary
 Name of Intermediary (if applicable)



FOR OFFICE USE ONLY

Originals Verified Certified document copies received Copies of documents received
 List Checking: UN2253 (1267) T&T Consolidated List of Court Orders OFAC Other
 Member Risk Profile: High Medium Low

Reviewed by:

Member Services	Date	Supervisor / Manager	Date	Compliance Officer	Date

Remarks _____

