	OW YOUR MEN The Insurance Inc 30 Agra Street • St. Ja	lustry	Credit Union Co-o	perative Soc	ciety Limited	FORN	1				
Member #:											
A. MEMBER'S IDENTITY DETAILS											
Title: Mr. 🗌 Ms. 🗌 Mrs. 🗌	Status: Single 🗌	Marr	ied 🔲 Divorced 🔲	Common-law 🗌	Widowed						
Full						1 1					
Name:											
Date of Birth (dd/mm/yy):/		Place	of Birth:								
Nationality:			(please specify):								
Resident: Yes 🛛 No 🗌		lf "No	", state Country of Residen	ce:							
Permanent Address:											
Mailing Address:											
Telephone Numbers: Home: ( )			Mobile: ( )								
Preferred Email Address:			NODIIE. ( )		-						
B. VERIFICATION OF IDENTITY AND A	DDRESS (Certified true copies of t	he Orig	inals must be submitted)								
ID Type (2 forms)	Number		Country of Issue		Expiry Date (dd/m	ım/yy)					
National ID											
Driver's Permit											
Passport											
Address Verification: Utility Bill (Electricity /	Water / Telephone / Cable) 🛛	С	urrent Bank Statement 🗆								
Documents attached: Yes 🗌 No 🗌											
C. OCCUPATIONAL DETAILS											
Classification: Private Sector D	Public Sector  Government Serv	ice 🗆	Self-employed	Retired	Homemaker	Student					
			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 D No D				
Work Telephone Number: ( )				able):	Copy attache	ed: Yes 🗆					
Work Telephone Number: (       )         Gross Annual Income Details:       < \$50,0	00 🗆 \$50,000 - \$100,000	Certifi		,	Copy attach 00,000 - \$400,000 [		0,000				
		Certifi	cate of Incorporation (if applic	,							

3. YES 
NO 
A senior executive of a domestic or foreign government-owned commercial enterprise

4. YES 
NO A senior military official

5. YES 🗆 NO 🗆 An immediate family member of a person above in 1-4 (spouse, parents, siblings or children) of that person or the parents, siblings and additional children of the person's spouse.

6. YES 
NO A close personal or professional associate of the persons mentioned above in 1-4.

7. YES D 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.

E. APPLICABLE TO NON-RESIDENTS ONLY (Please attach certifie	ed copies of	documents / references as required)		
Name and Address of Foreign Financial Institution:				
Telephone number of Foreign Financial Institution: ( )				
Notarised Passport: Driver's Permit: Identif		ication:  Other:		
AS REQUIRED BY F	OREIGN ACC	OUNT TAX COMPLIANCE ACT (FATCA)		
US Indicia		Documentation Required	Documents attached	
US Citizens or lawful permanent resident		• W-9 or W-8BEN	Yes 🗌 No 🗆	
US Birthplace		<ul> <li>W-9 or W-8BEN</li> <li>Non-US passport or similar documentation establishing foreign citizenship</li> <li>Written explanation regarding US citizenship</li> </ul>	Yes 🗌 No 🗌	
US Address (residence and mailing)		<ul> <li>W-9 or W-8BEN</li> <li>Non-US passport or similar documentation establishing foreign citizenship</li> </ul>	Yes 🗆 No 🗆	
Instruction to transfer funds to US Accounts or directions regularly received from a US address		<ul><li>W-9 or W-8BEN</li><li>Documentary evidence establishing non-US status</li></ul>	Yes 🗆 No 🗆	
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)		<ul> <li>W-9 or W-8BEN</li> <li>Documentary evidence establishing non-US status</li> </ul>	Yes 🗆 No 🗆	
Power of Attorney or signatory authority granted to person with US address		W-9 or W-8BEN     Documentary evidence establishing non-US status	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.

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Dated at	this day of			
20	20Signature of Member			
Name of Intermediary (if applicable)				
FOR OFFICE USE ONLY			_	
Originals Verified	Certified document copies received $\ \square$	Copies of documents received $\Box$		
List Checking: UN2253 (1267)	T&T Consolidated List of Court Orders $\Box$	OFAC  Other		
Member Risk Profile: High	Medium  Low			
		Reviewed by:		

Member Services	Date	Supervisor / Manager	Date	Compliance Officer	Date
Remarks					