

# KNOW YOUR MEMBER (KYM) DUE DILIGENCE FORM

**Tranquillity Credit Union Co-operative Society Limited**

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Account #:

## A. MEMBER'S IDENTITY DETAILS

Title: Mr. ☐ Ms. ☐ Mrs. ☐ Status: Single ☐ Married ☐ Divorced ☐ Common-Law ☐ Widowed ☐

Full Name:

|                                                                        |                                                           |
|------------------------------------------------------------------------|-----------------------------------------------------------|
| Date of Birth (dd/mm/yy): <input type="text"/>                         | Place of Birth: <input type="text"/>                      |
| Nationality: <input type="text"/>                                      | Other (dual) (please specify): <input type="text"/>       |
| Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>     | If "No", state Country of Residence: <input type="text"/> |
| Permanent Address: <input type="text"/>                                |                                                           |
| Mailing Address: <input type="text"/>                                  |                                                           |
| Telephone Numbers: Home: ( <input type="text"/> ) <input type="text"/> | Mobile: ( <input type="text"/> ) <input type="text"/>     |
| Email Address: <input type="text"/>                                    |                                                           |
| Recommender: <input type="text"/>                                      | Date: <input type="text"/>                                |

(Please note: Recommender must be a member in good standing)

## 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/yr) |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------|------------------------|
| National ID                                                                                                                                                                                              | <input type="text"/> | <input type="text"/>                                                         | <input type="text"/>   |
| Driver's Permit                                                                                                                                                                                          | <input type="text"/> | <input type="text"/>                                                         | <input type="text"/>   |
| Passport                                                                                                                                                                                                 | <input type="text"/> | <input type="text"/>                                                         | <input type="text"/>   |
| Address Verification: Utility Bill (Electricity / Water / Telephone / Cable) <input type="checkbox"/> Current Bank Statement <input type="checkbox"/> Certified Driver's Permit <input type="checkbox"/> |                      |                                                                              |                        |
| Other <input type="checkbox"/>                                                                                                                                                                           |                      | Documents Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> |                        |

## C. OCCUPATION DETAILS

|                                                                                                                                                                                                                                                                                        |                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| Classification: Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> |                                                                                                                                            |
| Occupation: <input type="text"/>                                                                                                                                                                                                                                                       | If Self-Employed or with side job, please complete:                                                                                        |
| Employer: <input type="text"/>                                                                                                                                                                                                                                                         | Occupation: <input type="text"/>                                                                                                           |
| Work Address: <input type="text"/>                                                                                                                                                                                                                                                     | Name of Business: <input type="text"/>                                                                                                     |
|                                                                                                                                                                                                                                                                                        | Business Address: <input type="text"/>                                                                                                     |
|                                                                                                                                                                                                                                                                                        | Business Telephone Number: ( <input type="text"/> ) <input type="text"/>                                                                   |
|                                                                                                                                                                                                                                                                                        | VAT Registration Number (if applicable): <input type="text"/>                                                                              |
| Work Telephone Number: ( <input type="text"/> ) <input type="text"/>                                                                                                                                                                                                                   | Certificate of Incorporation (if applicable): <input type="text"/> Copy Attached: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Gross Annual Income Details: < \$50,000 <input type="checkbox"/> \$50,000 - \$100,000 <input type="checkbox"/> \$100,000 - \$200,000 <input type="checkbox"/> \$200,000 - \$400,000 <input type="checkbox"/> >\$400,000 <input type="checkbox"/>                                       |                                                                                                                                            |

## 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 <input type="checkbox"/>                                                                                                 | Senior politician <input type="checkbox"/>                             |
| Senior government, Judicial or Military Officials <input type="checkbox"/>                                                                           | Senior executives of State-owned corporations <input type="checkbox"/> |
| Important political party officials <input type="checkbox"/>                                                                                         |                                                                        |
| Are you or have you been entrusted with a prominent function by an international organisation - (UN, OAS, IADB, ILO, CFATF) <input type="checkbox"/> |                                                                        |
| If YES, please provide details: <input type="text"/>                                                                                                 |                                                                        |

**E. APPLICABLE TO NON-RESIDENTS ONLY (Please attach certified copies of documents / references as required)**

|                                                                                                                                                     |                                                                                                                                                                                                          |                                                                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <b>Name and Address of Foreign Financial Institution:</b>                                                                                           |                                                                                                                                                                                                          |                                                                          |
| Foreign Bank Statement <input type="checkbox"/>                                                                                                     | Foreign Bank Ref. Letter <input type="checkbox"/>                                                                                                                                                        | Telephone No. of Foreign Financial Institution: ( ) _____                |
| Notarised Passport: <input type="checkbox"/>                                                                                                        | Driver's Permit: <input type="checkbox"/>                                                                                                                                                                | Identification: <input type="checkbox"/> Other: <input type="checkbox"/> |
| <b>AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)</b>                                                                                    |                                                                                                                                                                                                          |                                                                          |
| <b>US Indicia</b>                                                                                                                                   | <b>Documentation Required</b>                                                                                                                                                                            | <b>Documents Attached</b>                                                |
| US Citizens or lawful permanent resident <input type="checkbox"/>                                                                                   | <ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> </ul>                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                 |
| US Birthplace (please state) <input type="checkbox"/>                                                                                               | <ul style="list-style-type: none"> <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 <input type="checkbox"/> No <input type="checkbox"/>                 |
| US Address (residence and mailing) <input type="checkbox"/>                                                                                         | <ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Non-US passport or similar documentation establishing foreign citizenship</li> </ul>                                                       | 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"/>                            | <ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Documentary evidence establishing non-US status</li> </ul>                                                                                 | 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"/> | <ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Documentary evidence establishing non-US status</li> </ul>                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                 |
| Power of Attorney or signatory authority granted to person with US address <input type="checkbox"/>                                                 | <ul style="list-style-type: none"> <li>W-9 or W-8BEN</li> <li>Documentary evidence establishing non-US status</li> </ul>                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                 |

**F. DECLARATION**

I hereby declare that all 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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Member \_\_\_\_\_

Name of Intermediary (if applicable) \_\_\_\_\_

Signature of Intermediary \_\_\_\_\_

Seal / Stamp of the Intermediary  
(if applicable)

**FOR OFFICE USE ONLY**

Originals Verified ☐

Certified Document copies received ☐

Copies of documents received ☐

Reference List Checking: UN 2253 ☐

T & T Consolidated List of Court Orders ☐

OFAC ☐

ESO ☐

FATF's List of NCCTs ☐

Kindly indicate search result for the Individual / Entity Designated: \_\_\_\_\_

| Prepared by:    |      | Verified By:       |      | Approved by:       |      |
|-----------------|------|--------------------|------|--------------------|------|
| Member Services | Date | Supervisor Manager | Date | Compliance Officer | Date |
|                 |      |                    |      |                    |      |

Risk Rating: LOW ☐

Medium ☐

High ☐

Remarks (Attach sheet where necessary)

**POLITICALLY EXPOSED PERSON**

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 function by an international organisation which refers to members of senior management such as directors and members of the board or 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) or (b) above.