Due Diligence to be applied to All Members

**Financial Obligations Regulations Proceeds of Crime Act. Chap 11:27)**

**Explanatory Notes:**

1. The purpose of this checklist is to ensure that the identity of our members and their source of funds are properly verified to achieve compliance with the Financial Obligations Regulations 2010. This checklist must be completed and submitted as part of our Due Diligence to be applied to existing members in conformity with Anti-Money Laundering Laws and Countering Financing of Terrorism Regulations.
2. The name and address of the application mentioned on the KYC form should match with the documentary proof submitted.
3. In case the original of any document is not produced for verification, then the copies should be properly attested by entities or persons authorised to attest such documents.
4. For non-residents and foreign nationals, copies of passport or other acceptable forms of ID and overseas address are mandatory.
5. In order to comply with the Foreign Account Tax Compliance Act (FATCA) a United States based legislation, Neal & Massy Credit Union Co-operative Society Limited is required to obtain identity information on its members to determine if they are U.S. persons.

**Please Complete This Form In Block Letters.**

**(A) MEMBER IDENTITY DETAILS**

**Title:** Mr. Ms. Mrs.

**Status:** Single Married Divorced Common-Law Widowed

**Full Name:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last First Middle

|  |  |
| --- | --- |
| **Date of Birth** (dd/mm/yy)**:­­\_\_\_\_** /\_\_\_\_/ \_\_ | **Country of Birth:** |
| **Nationality:** | **Other** (please specify)**:** |
| **Resident:** Yes No  | **If “No,” state Country of Residence:** |
| **Permanent Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ZIP)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Mailing Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(ZIP)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Telephone Numbers:****Include Area****Code** | **Home: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Work: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Mobile 1: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Mobile 2 : ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
|  | **Email Address:**   | (1) |  |  |  | (2) |  |

**(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)* Current Bank Statement |
| Other  | Documents Attached: Yes No  |

(**C) OCCUPATION &/ BUSINESS DETAILS**

|  |
| --- |
| **Classification:** Private Sector Public Sector Government Service Self-Employed Retired Homemaker Student  |
| Occupation: | **If Self-Employed or with side job, please complete:** |
| Employer: | Occupation: |
|  | Name of Business: |
| Employer Address: | Business Address: |
|  | Business Telephone Number: |
|  | VAT Registration Number (if applicable): |
| Employer Telephone Number: | Certificate of Incorporation (if applicable): Copy Attached: Yes No  |
| **Gross Annual Income Details:**< $60,000 $60,000 - $120,000 $120,000 - $300,000 $300,000 - $400,000 >$400,000  |

* **Is the business involved in any of the activities listed below? Yes  No** 

Internet Gambling  Real Estate  Notary Public  Gaming Houses 

National Lotteries  Cash Intensive trade  Jewelry  Art Dealer 

Accountant  Motor Vehicle Sales  Pool Betting  Attorney-at-Law 

1. If **yes,** the following documentation is required : (please indicate which are provided)

 Proof of Registration as a Listed Business/ Non-Regulated Financial Institution with the Financial Intelligence Unit of Trinidad & Tobago.

 Confirmation letter indicating that a Compliance Program exists and is in line with the Proceeds of Crime Act, Chap: 11.27 (as amended)

1. The following items may also be required.
	* Registration certificate (mandatory if business is registered)
	* Professional licensure; required for:
2. Doctors **iv.** Farmers (farmer’s badge)
3. Lawyers **v.** Taxi Operators (taxi badge)
4. Accountants **vi.** Vendors & Food Caterers (food badge)
	* Financials in the form of management accounts for the last three (3) years if in operation for more than three (3) years; or estimates of income for three (3) years if in operation for less than three (3) years.
	* Bank statements for the past six (6) months (mandatory requirement)

**(D) POLITICALLY EXPOSED PERSONS (PEP) ATTESTATION**

 **ATTESTATION(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 **  **Senior politician ** **Senior government, Judicial or Military Official**  **Senior executives of State-owned corporations  Important political party officials** 

**(E) FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) Tick yes where applicable**

 **ATTESTATION(PEP)**

|  |
| --- |
| **The Government of the United States of America passed a law in March 2010 under the Foreign Account Tax Compliance Act (FATCA) requiring disclosure on the existence of all accounts held by United States nationals and of any persons or entities to which the following indicia are applicable. Please tick where appropriate pertaining to your U.S. status.****YES NO** |
| 1. Identification of any account holder as a resident of the United Stated of America (USA) or as a USA Citizen (i.e., Holder of a Green card)
2. A USA address associated with an account.
3. A USA place of birth for an account
4. A USA “in care of” or “hold mail” address or a P.O. address that is the sole address on file with respect to the account holder.
5. A Power-of-Attorney or signatory authority is granted to a person with a USA address.
 |  |  |
|  |  |
|  |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **f.** Standing order instruction provided to transfer funds to an account maintained in the USA or directions received from a USA address |  |  |
| Are you or any party to this Account with the society a USA national or holder of a Green Card for residency in the USA? |  |  |

|  |
| --- |
| **Please indicate your US FATCA Status by signing at A or B below:** |
|  **A. FATCA CERTIFICATION FOR NON-US PERSONS**  |
| I certify that:1. I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income to which this form relates,
2. The person named under the section entitled ‘Identity Information’ on this form is **not** a U.S. person,
3. The person named under the section entitled ‘Identity Information’ on this form is a resident of the treaty country where they indicated tax is paid (if any) within the meaning of the income tax treaty between the United States and that country, and

I agree that I will advise Neal & Massy Credit Union Cooperative Society Limited immediately of any changes relating to my U.S. status. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of beneficial owner Date (dd/mm/yyyy)(or individual authorized to sign for beneficial owner) |
| **B.** FATCA CERTIFICATION FOR **US** PERSONSIf you are a US person and answered “yes” to the Assessment of US Indicia noted above, then:I certify that:1. The Taxpayer Identification Number (TIN) provided is correct, and
2. I am a U.S. person.
3. I have completed an Internal Revenue Service (IRS) US Form W-9- Request for Taxpayer Identification Number and Certification

 YES NO 1. I have renounced my US Citizenship and have completed an IRS W-8 BEN Form – Certificate of Foreign Status of Beneficial Owner for US Tax Withholding

  YES NO**Copies of all accompanying evidence in support should be attached to the declaration.**I agree that Neal & Massy Cooperative Society Limited can provide to the United States Internal Revenue Service and to any relevant tax authority (or any party authorized to act on behalf of such an authority) any of the information provided in this section or any information that may be required to be provided by law to the United States Internal Revenue Service or other relevant tax authority relating to my account(s) held.* 1. I declare that the information furnished by me to Neal & Massy Credit Union cooperative Society Limited (NMCU) is true and correct and (NMCU) is entitled to verify the same either directly or through any third-party agent. I also agree that, if any such declarations made by me are found to be incorrect, (NMCU)shall be entitled to terminate the member relationship. I confirm having read and understood the account member rules of (NMCU), and hereby agree to be bound by the terms and conditions and amendments governing any account issued by (NMCU) from time to time.
	2. I also agree that (NMCU) can disclose this application, any information contained therein, other related confidential information and transactions in this application and on accounts linked to me to law enforcement and regulatory authorities.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of US Person Taxpayer Identification number (TIN) Date dd/mm/yyyyVerified by Neal & Massy Credit Union official.Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date dd/mm/yyyy |