



KNOW YOUR MEMBER (KYM) DUE DILIGENCE FORM

SFCCU CREDIT UNION
Co-operative Society Limited

SFCCU Union Co-operative Society Limited

Head Office: No 16 Irving Street, San Fernando, Trinidad.

Website: www.sfccu.com Email: info@sfccu.com

Tel: 1-868-868-657-5669

Account No. _____

A. MEMBER'S IDENTITY DETAILS

Gender: Male Female Other **Title:** Mr. Ms. Mrs. Other **Status:** Single Married Divorced
Separated Widow/Widower Common-Law

FULL NAME: _____

Date of Birth (DD/MM/YY): ____/____/____		Place of Birth:	
Nationality:		Other (dual) (please specify):	
Resident: Yes <input type="checkbox"/> No <input type="checkbox"/>		If "No", state Country of Residence:	
Permanent Address:			
Address Area (e.g. Port-of-Spain, Arima, Princess Town etc.):			
Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>			
Mailing Address:			
Telephone Numbers:	Home: () _____	Mobile: () _____	
Email Address:	Bank Name:	Bank Acc No.:	

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/YYYY)
National ID			
Driver's Permit			
Passport			
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:	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 <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:	

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

Name and Address of Foreign Financial Institution:		
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"/>
AS REQUIRED BY FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)		
US Indicia	Documentation Required	Documents Attached
US Citizens or lawful permanent resident <input type="checkbox"/>	<ul style="list-style-type: none"> W-9 or W-8BEN 	Yes <input type="checkbox"/> No <input type="checkbox"/>
US Birthplace <input type="checkbox"/>	<ul style="list-style-type: none"> 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"/>	<ul style="list-style-type: none"> 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"/>	<ul style="list-style-type: none"> 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"/>	<ul style="list-style-type: none"> 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"/>	<ul style="list-style-type: none"> 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 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 Targeted Financial Sanctions (TFS) Search Tool 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.