



AMGECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

SECTION B: EMPLOYMENT INFORMATION

EMPLOYMENT STATUS (Tick All that Applies)

PERMANENT TEMPORARY CASUAL CONTRACT SELF EMPLOYED UNEMPLOYED

EMPLOYER'S NAME _____

EMPLOYER'S ADDRESS _____

PAY FREQUENCY WEEKLY FORTNIGHTLY MONTHLY **DATE JOINED COMPANY** YYYY | MM | DD

SECTOR EMPLOYED PUBLIC PRIVATE OTHER **OCCUPATION** _____

AVERAGE MONTHLY INCOME

UNDER \$5,000 \$5,001 - \$12,000 \$12,001 - \$17,000 \$17,001 - \$22,000 \$22,001 - \$27,000 \$27,001 & OVER

ATTACH ANY ONE OF THE FOLLOWING VALID DOCUMENTS

PAYSリップ JOB LETTER BANK STATEMENT/REFERENCE FINANCIAL STATEMENTS

SCHOOL/UNIVERSITY *(If applicant is a student)* _____

SECTION C: POLITICALLY EXPOSED PERSONS (PEPs) : Individuals who are or have been entrusted with prominent functions by a foreign country or in Trinidad and Tobago

	YES	NO
Head of State	<input type="checkbox"/>	<input type="checkbox"/>
Head of Government	<input type="checkbox"/>	<input type="checkbox"/>
Senior Politicians [Parliament Members (national, local or THA elections), Senators, Appointed to serve in the THA under the THA Act, Alderman in a Municipality or Regional Corporation under the Municipals Corporations Act.]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Government Official [Permanent Secretary, Accounting Officer under the Exchequer & Audit Act, or holding equivalent positions in a foreign country]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Judicial Official [Chief Justice, Judges of the Supreme Court, (Appeal & High Court Judges), Master of the Supreme Court, Industrial Court Judges, Caribbean Court of Justice Judges, The Registrar, Deputy Registrar, Assistant Registrar, Chief Magistrate, Deputy Chief Magistrates and Magistrates of the Magistracy]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Military Officials [eg. Defence Force - Major General, Brigadier General, Colonel, Lieutenant Colonel. Air Guard - Group Captain, Wing Commander, Squadron Leader. Coast Guard - Rear Admiral, Commodore, Captain, Commander, Commanding Officer of the Air Guard and Defence Force.]	<input type="checkbox"/>	<input type="checkbox"/>
Senior Executive of State Owned Corporations [Chairman, Deputy Chairman, President or Vice President of the BOD, Managing Director, General Manager, Comptroller, Secretary, Treasurer or any other person who is duly appointed to perform functions similar to those normally performed by the holder of any office specified.]	<input type="checkbox"/>	<input type="checkbox"/>
Important Political Party Official [Chairman, Deputy Chairman, Secretary, Treasurer of a political party registered under the Representation of the People Act or individuals holding equivalent positions in a foreign country.]	<input type="checkbox"/>	<input type="checkbox"/>
Immediate Family Member of Individuals described above. [Spouse, Parent, Siblings, Children & Children of the Spouse of that person.]	<input type="checkbox"/>	<input type="checkbox"/>
Person who are or who have been entrusted with prominent functions by an International Organisation which refers to members of senior management. [eg. Directors and members of the Board or equivalent functions.]	<input type="checkbox"/>	<input type="checkbox"/>
Close Personal or professional associate of a foreign, domestic or international organization PEP as described in the above classifications.	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered Yes to any of the questions above please complete the Enhanced Due Diligence form

I hereby certify that the above information is true and correct as at the date completed.

MEMBER'S SIGNATURE
(Please sign inside box)

DATE YYYY | MM | DD



AMGECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

SECTION D: DECLARATION OF U.S. STATUS

MEMBER NAME

ACCOUNT #

DO YOU HAVE A GREENCARD OR U.S. PASSPORT? YES NO

(If 'YES' to this question, please provide your **U.S. Tax Identification Number (TIN)** i.e. **Social Security Number (SSN)** or **Individual Taxpayer Identification Number (ITIN)**)

#

INSTRUCTIONS

If 'Yes' to the above, please tick the **U.S. Person Declaration Box**, read the **Terms and Conditions** and sign below.

If 'No' to the above, please tick the **Non-U.S. Person Declaration Box**, read the **Terms and Conditions** and sign below

U.S. PERSON DECLARATION

I hereby declare that the above named person is a U.S. person.

NON-U.S. PERSON DECLARATION

I hereby declare that the above named person is NOT a U.S. person.

TERMS AND CONDITIONS:

In the course of my relationship with AMGECU, I will inform AMGECU immediately of any changes relating to my U.S. Status, as certified herein. If I should become a U.S. Person under the tax laws of the United States, I will inform AMGECU of all relevant changes in this regard. (e.g change of address, etc.)

I acknowledge that the U.S. related assets (if any, held by AMGECU or any entity or relationship in any account for or on behalf, as well as the income on these accounts, may become subject to tax or other duties in the United States. I confirm all taxes, duties and other financial obligations relating to the account will be met. I hereby waive my right to any claim against AMGECU for any losses and / or other costs resulting from or relating to any tax liability in the United States.

I am solely responsible for providing accurate information to AMGECU, to certify my U.S. or Non-U.S. status. I understand that I am liable under U.S. law, if any inaccurate information is provided.

If the information in this form is not supported by the information held by AMGECU, I will be asked to resubmit this form.

Please Note that under U.S. Law, AMGECU, its Staff, Directors or Officers **cannot** provide any U.S. tax or other advice as to whether you are / are not a U.S. person based on the responses provided in this Declaration Form.

Please tick this Box as having read and agreed to the above Terms and Conditions.

NAME

SIGNATURE

YYYY | MM | DD
DATE



AMGECU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

FOR OFFICIAL USE ONLY

GOOGLE SEARCH	<input type="checkbox"/> YES	<input type="checkbox"/> NO	OTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO
E-SERVICES	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
FATF List Checked	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PEP Completed	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Match Found	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PEP Identified	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FATCA Dec. Completed	<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Member Identified	<input type="checkbox"/> YES	<input type="checkbox"/> NO			

TARGETED FINANCIAL SANCTIONS SEARCH TOOL CHECKED <input type="checkbox"/> YES <input type="checkbox"/> NO					
UN 1267/1989/2253 ISIL (Da'esh) & (Al-Qaida Sanctions List) and UN 1988 (Taliban Sanctions List) Checked	<input type="checkbox"/> YES	<input type="checkbox"/> NO	T&T Consolidated List of Court Orders Positive Match	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Positive Match	<input type="checkbox"/> YES	<input type="checkbox"/> NO	2653 List (Haiti Sanctions List) Positive Match	<input type="checkbox"/> YES	<input type="checkbox"/> NO
UN 2231 List on Iran Nuclear Checked	<input type="checkbox"/> YES	<input type="checkbox"/> NO	UN 1718 Sanctions List Materials (DPRK) Positive Match	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Positive Match	<input type="checkbox"/> YES	<input type="checkbox"/> NO		<input type="checkbox"/> YES	<input type="checkbox"/> NO

RISK CATEGORY RATING LOW MEDIUM HIGH

EMPLOYEE NAME _____	SIGNATURE _____	PRINT NAME _____	DATE <u>YYYY / MM / DD</u>
VERIFIED BY: _____	SIGNATURE _____	PRINT NAME _____	DATE <u>YYYY / MM / DD</u>
COMPLIANCE OFFICER _____	SIGNATURE _____	PRINT NAME _____	DATE <u>YYYY / MM / DD</u>

DOCUMENT CHECKLIST (Please provide original documents)

1. Two (2) forms of valid government issued identification (i.e. National Identification Card, Driver's Permit, Passport)	<input type="checkbox"/>
2. Proof of Address must carry applicant's name (i.e. Utility Bill excluding mobile bills) (N.B. If the utility bill is not on the applicant's name, written consent and valid government issued identification are required from the bill owner to use the bill)	<input type="checkbox"/>
3a. Proof of Employment & Income - Job Letter (not older than 3 months) & Payslip (not older than 1 month)	<input type="checkbox"/>
3b. Business Registration Certificate or Articles of Association and Income Expenditure Statement or Bank Statements for the last three (3) months.	<input type="checkbox"/>
3c. Letter from person funding the account, Job Letter (not older than 3 months), Payslip (not older than 1 month) & valid government issued identification	<input type="checkbox"/>
3d. Pension letter from Government / Private Institution, Pension Slip or last 3 months Bank Statements outlining pension deposits.	<input type="checkbox"/>