



# STAFF OF HOPE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

Eric Williams Medical Sciences Complex, Champs Fleurs, Trinidad and Tobago  
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## SOURCE OF FUNDS DECLARATION

PLEASE COMPLETE IN CAPITAL LETTERS

Branch Location:  Transaction Date (DD/MM/YYYY):

### MEMBER INFORMATION

Name of Member:  Date of Birth (DD/MM/YYYY):

Address:

ID #:  DP  ID  PP  Other No.:

Telephone #: H:  W:  C:

Occupation / Type of Business:

### DEPOSITOR INFORMATION (IF DIFFERENT FROM MEMBER)

Name of Depositor:

Residency Status:  Resident  Non-Resident

Name:  Date of Birth (DD/MM/YYYY):

Address:

ID #:  DP  ID  PP  Other No.:

Telephone #: H:  W:  C:

### SOURCE OF FUNDS (SELECT ALL THAT APPLY)

- Sale of Property
- Proceeds from Business Trade
- Proceeds from Contractual Obligation
- Attorney's Escrow Account
- Proceeds of an Inheritance / Trust Fund
- Proceeds from Investments at Financial Institution

Other (specify):

By reason of the requirements of the Proceeds of Crime Act 2000, Anti Terrorism Act 2005, Central Bank of Trinidad and Tobago guidelines on Combating Money Laundering and Terrorism Financing, the Staff of Hope Credit Union Co-operative Society Ltd's guidelines requires it to be satisfied as to the source of funds before accepting deposits of funds for the transfer or for the purchase of Shares, Deposits or payment of Loans. Consent is hereby given to disclose the information contained herein to Law Enforcement Agencies.

Customer's Signature:  Transaction Conducted By:  Transaction Authorised By:

### OFFICIAL USE ONLY

- Transaction Accepted
- Transaction Declined
- Transaction Incomplete

Details: