



**Application Memorandum for Opening Current Account**

Date Opened \_\_\_\_\_

Account Number \_\_\_\_\_

Name \_\_\_\_\_  
Title: \_\_\_\_\_  
Mailing Address/Residence: \_\_\_\_\_  
Office Location: \_\_\_\_\_

**BUSINESS**

**Business**

Occupation  Agri.  Mfg  Wholesale  New Venture \_\_\_\_\_  
Or Profession Position \_\_\_\_\_  Retail  Transport  Other \_\_\_\_\_

Types of Account  Personal  Sole Owners  Partnership  Clubs  Co.

M S R: Account Opened By: \_\_\_\_\_  
Initial Deposit: Amount: \$ \_\_\_\_\_

**Contact Information**

Telephone Numbers  
Home: \_\_\_\_\_  
Cell: \_\_\_\_\_  
Work: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Basic Information**

Nationality: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_  
Mailing Address  
Street: \_\_\_\_\_  
Town/Village: \_\_\_\_\_  
Country: \_\_\_\_\_

**Employment History**

Employment Status:  Full Time  Part Time  Temp

Position Held: \_\_\_\_\_  
Employer's Name: \_\_\_\_\_  
Work Email: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Employer's Address  
Street: \_\_\_\_\_  
Town/Village: \_\_\_\_\_  
How long in present employment \_\_\_\_\_ years \_\_\_\_\_ mths  
Places worked in last five (5) years \_\_\_\_\_

**Self Employed Information**

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
How long have you been self-employed? \_\_yr(s) \_\_mth  
Type of Business: \_\_\_\_\_

**Annual Income (For Business Accounts Only)**

Less than EC\$25,000  \$25,001 – \$50,000.00  \$50,001 – \$100,000  Over \$100,000

Initial deposit: \_\_\_\_\_ (Over E\$C27, 000.00 please complete the source of funds form)

Please indicate the original source of initial funds:

Savings  Salary  Sale of Property  Sale of Business  Inheritance  Other: \_\_\_\_\_

Approximately how much you intend to deposit each year:

Less than \$5,000  \$5,001 - \$10,000  \$10,001 – \$50,000  \$50,001 – \$100,000  Over \$100,000

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**Reference**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

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**Reasons for selecting this Credit Union** Transfer       Re-opening      Chance of Connection       Other \_\_\_\_\_

Other (explain): \_\_\_\_\_

Other Accounts at: \_\_\_\_\_

Acquaintances at this Credit Union: \_\_\_\_\_

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**Handling Instructions****Statement** Hold       Mail**Authority Documents** Received      To Follow**Signature Cards** Cards Received       Cards to Follow**Special Instructions:** \_\_\_\_\_

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**Name of Signatory****Signature**

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

Member(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# FND Enterprise Cooperative Credit Union Limited

## Account Holder Check List

### BUSINESS "TRADING AS"

- Letter requesting the account, designating signatories and their signing instructions
- Contract Card (*notarization required*)
- Specimen Signature Card (s) (*notarization required*)
- Signature Capture Form(s) (*notarization required*)
- Cheque Book Requisition
- New Account Memorandum Form
- Large Transaction Form (*This form must be completed for all transactions over US\$10,000 or the equivalent in any currency and for a any amount that might be regulated from time to time*)
- Declaration and undertaking from Sole / Joint Owners / Partnership
- Declaration of Activities, Sources of Funds Form
- Consent to Disclosure Agreement for all Signatories
- Authorization and Indemnity: Facsimile Instructions, Instructions given by Electronic means of Communication and Instructions Signed Electronically or with use of Rubber Stamp
- Copy of valid passport and either a copy of national identity card, armed forces identity card, or driver's license for Beneficial Owners, Directors, and Signatories (*certification by notary public required*)
- Name, address and Tax Identification / Social Security Number of all signatories
- Full name and address of two (2) referees, one from a recognized financial institution, and one from a member of a professional body such lawyer or public accountant for all Signatories
- Copy of business license (*original must be presented for inspection*)
- Check names of all Signatories and Owners on World Compliance
- Risk Profile
- Purpose of Account
- Full description of the nature of your business
- The full name, physical address, telephone and telefax numbers of your business
- Website of the business
- Detailed sources of all incoming funds and disbursement of funds

### **NB**

*Notarization is only required for documents being submitted from overseas, if the member visits the Credit Union in person and brings in the original the Member Service Representative is only required to note "Original Seen" on the copy taken.*

*The Notary Public or Commissioner of oaths must submit copies of identification documents which must clearly show his/her full name, date of birth, and signature as well as the date on which such documents expire and his/her address must be clearly disclosed.*

# **FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED**

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## **AUTHORIZATION AND INDEMNITY: INSTRUCTIONS GIVEN BY TELEPHONE, TELEX, TELECOPY, SWIFT, EMAIL OR OTHER ELECTRONIC MEANS OF COMMUNICATION**

**TO: FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED (“THE CREDIT UNION”)**

I the undersigned

\_\_\_\_\_  
*Account Holder*

(hereinafter called “the Account Holder”) being a Member of the Credit Union refer to the Mandate between the Credit Union and me governing the operation of my account and credit or other facilities or financial service arrangements with the Credit Union (“the Mandate”) and say as follows:-

1. Notwithstanding the terms of the Mandate or any future mandate or other agreement or course of dealing between the Credit Union and me, the Credit Union is requested and authorized, but is not obliged, to rely upon and act in accordance with any instructions which may from time to time be, or purported to be, given by telephone, telex, telecopy, SWIFT, e-mail or other electronic mean of communication (collectively called “Electronic Communication”) by me or on my behalf by any one of the persons mentioned below without inquiry on the Credit Union’s part as to the authority or identity of the person making or purporting to give such instructions by Electronic Communication and regardless of the circumstances prevailing at the time of such instructions. The Credit union shall be entitled to treat such instructions given by Electronic Communication as fully authorized by and binding upon me and the Credit Union shall be entitled (but not bound) to take such steps in connection with or in reliance upon such instructions given by Electronic Communication as the Credit Union may in good faith consider appropriate, whether such Electronic Communication includes instructions to pay money or otherwise to debit or credit any account, or relates to the disposition of any money, securities or documents, or purports to bind me to any agreement or other agreement with the Credit Union or with any other person or to commit me to any other type of transaction or arrangement whatsoever, regardless of the nature of the transaction or arrangement or the amount of money involved and notwithstanding any error or misunderstanding or lack of clarity in the terms of such instructions by Electronic Communication.
2. In consideration of the Credit Union acting in accordance with the terms of this Authorization, I undertake to indemnify the Credit Union and keep it indemnified against all losses, claims, actions, proceedings, demands, damages, costs, counsel fees and expenses incurred or sustained by or asserted against the Credit Union, its directors, officers, employees out of or in connection with or arising directly or indirectly from any action taken in accordance with instructions given by Electronic Communication of whatever nature and howsoever arising, whether arising out of any investigation, litigation or proceeding brought by me, by others on my behalf, by any third party or by any of my successors or assigns, provided only on that the Credit Union acts in good faith. The Credit Union, any branch or agency of the Credit Union and their respective directors, officers and employees shall not be responsible or liable for any error, delay, damage, claim or other loss, expense or cost arising of any instructions given by the Electronic Communications save only where the Credit Union or other person indemnified acted with gross negligence or willful misconduct. In no event shall the Credit Union be liable for special, indirect, consequential or punitive damages.
3. All instructions sent by telex shall contain my Answerback.
4. The terms of this Authorization shall remain in full force and effect unless and until the Credit Union actually receives, and has a reasonable time to act upon, notice of change of notice of termination from me in writing signed by a duly authorized officer save that any such notice will not release me from any liability under this Authorization and indemnity in respect of any act performed by the Credit Union in accordance with the terms of this Authorization prior to the expiry of such time. Notice will not be deemed to have been received by you until it is brought to the attention of your employee to whom it is addressed.
5. The Credit Union shall have the right in its sole discretion to refuse any instructions received by Electronic Communication without liability of any kind.

6. I hereby represent and warrant to the Credit Union that
  - a. all corporate and internal action, and
  - b. all approvals and consents
 of any nature whatsoever necessary to execute, deliver and perform this Authorization have been taken and obtained, and this Authorization constitutes a legal, valid and binding obligation enforceable in accordance with its terms.
7. All payments made pursuant to this Authorization shall be made at the Credit Union's offices at Bladen commercial Development, Basseterre in good and immediately available currency in the following order of priority
  - a. firstly, in the currency of the account; and
  - b. secondly, in the currency of the Eastern Caribbean or the United States as directed by the Credit Union and free and clear of any deductions, withholding, set-off or counterclaim of any nature whatsoever.
8. I enclose a duly certified copy of a resolution of our Board passed on the \_\_\_\_\_ day of \_\_\_\_\_ authorizing any one of

\_\_\_\_\_  
*Name of Authorized Person*

\_\_\_\_\_  
*Name of Authorized Person*

\_\_\_\_\_  
*Name of Authorized Person*

\_\_\_\_\_  
*Name of Authorized Person*

to act on our behalf in the giving of instructions to you and the conclusion of agreements with you by Electronic Communication.

9. To Secure all of my direct and contingent obligations hereunder, the Credit Union is given a first-ranking security interest in, and a right to set-off against all my funds, properties or assets now or hereafter on deposit with or in the possession of the Credit Union or any of its subsidiaries or affiliates.
10. Where any party to this Authorization for the time being comprises two or more persons, obligations expressed or implied to be made by or with that party are deemed to be made with the persons comprising that party jointly and severally, and words importing one gender include all other genders, words denoting persons shall include natural persons, bodies corporate, unincorporated associations and partnerships, and words importing the singular include the plural and vice versa.
11. This Authorization shall be governed by the laws of the Federation of Saint Christopher and Nevis solely.

Dated this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*Title*

For and on behalf of:

\_\_\_\_\_  
*Account Holder*



# FND Enterprise Cooperative Credit Union Limited

## Account Holder Check List

### PARTNERSHIP

- Letter requesting the account, designating signatories and their signing instructions
- Contract Card (*notarization required*)
- Specimen Signature Card (s) (*notarization required*)
- Signature Capture Form(s)
- Cheque Book Requisition
- New Account Memorandum Form
- Large Transaction Form (*This form must be completed for all transactions over US\$10,000 or the equivalent in any currency and for a any amount that might be regulated from time to time*)
- Declaration and undertaking from Partners
- Consent to Disclosure Agreement for all Partners and Signatories
- Authorization and Indemnity: Facsimile Instructions, Instructions given by Electronic means of Communication and Instructions Signed Electronically or with use of Rubber Stamp
- Name, address and Tax Identification / Social Security Number of all Partners and Signatories
- Full name and address of two (2) referees, one from a recognized financial institution, and one from a member of a professional body such lawyer or public accountant for all Partners and Signatories
- Copy of valid passport and either a copy of national identity card, armed forces identity card, or driver's license for Beneficial Owners, Directors, and Signatories (*certification by notary public required*)
- Copy of business license (*original must be presented for inspection*)
- Check names of all Signatories and Partners on World Compliance
- Risk Profile
- Purpose of Account
- Full description of the nature of your business
- The types of goods and services offered to the public
- The full name, physical address, telephone and telefax numbers of your business
- Website of the business
- Detailed sources of all incoming funds and disbursement of funds

### **NB**

*Notarization is only required for documents being submitted from overseas, if the member visits the Credit Union in person and brings in the original the Member Service Representative is only required to note "Original Seen" on the copy taken.*

*The Notary Public or Commissioner of oaths must submit copies of identification documents which must clearly show his/her full name, date of birth, and signature as well as the date on which such documents expire and his/her address must be clearly disclosed.*

The Manager  
FND Enterprise Cooperative Credit Union  
Bladen's Commercial Development  
Basseterre, St. Kitts

Date: \_\_\_\_\_

Please supply me/us with \_\_\_\_\_ Cheque book (s) containing \_\_\_\_\_ cheques and debit same to my/our account, Number \_\_\_\_\_

Date to be collected \_\_\_\_\_

\$ \_\_\_\_\_

The Manager  
FND Enterprise Cooperative Credit Union  
Bladen's Commercial Development  
Basseterre, St. Kitts

Date: \_\_\_\_\_

Please supply me/us with \_\_\_\_\_ Cheque book (s) containing \_\_\_\_\_ cheques and debit same to my/our account, Number \_\_\_\_\_

Date to be collected \_\_\_\_\_

\$ \_\_\_\_\_

The Manager  
FND Enterprise Cooperative Credit Union  
Bladen's Commercial Development  
Basseterre, St. Kitts

Date: \_\_\_\_\_

Please supply me/us with \_\_\_\_\_ Cheque book (s) containing \_\_\_\_\_ cheques and debit same to my/our account, Number \_\_\_\_\_

Date to be collected \_\_\_\_\_

\$ \_\_\_\_\_

**FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED**

**CONSENT TO DISCLOSURE AGREEMENT**

TO: FND ENTERPRISE COOPERATIVE CREDIT UNION LTD ("The Institution")

FROM:

\_\_\_\_\_  
*Account Holder*

**IN CONSIDERATION** of you dealing with or considering all or any of my business, financial or commercial affairs and transactions of any kind, I the undersigned Customer hereby **AUTHORIZE** and **GIVE CONSENT** to you, your successors, agents and assigns to disclose information to third parties about my Account (s) or the transactions I/we make in the following circumstances:

- (1) In order to verify the existence and condition of *my* account for credit bureaus *and like agencies*
- (2) In order to comply with *directions* of a regulatory *body or* agency, orders from a regulatory *body or* agency , court orders *by any Court of competent jurisdiction within the Federation* or under the provisions of *any law* of the Federation
- (3) In order to comply with *reasonable* and *legitimate* requests from other financial institutions *in circumstances where it is necessary for completing business transactions on my behalf*
- (4) In response to requests of persons providing services to the Institution *as long as those persons maintain confidentiality agreements with you*
- (5) Where you have received written instruction(s)/ permission from myself, my heirs or my legal representatives

**AND I HEREBY GRANT** the said **AUTHORISATION AND CONSENT** to any such person who has acquired any knowledge of my business, financial or commercial affairs and transactions in his/her capacity as a director, manager, secretary, officer, employee or agent of the Institution

This **AUTHORISATION AND CONSENT** shall apply to all information of whatever nature now known to you or which you hereafter obtain or attempt to obtain in relation to me.

This Agreement:

- (a) shall subsist notwithstanding any Law that prohibits the giving or receiving of such information;
- (b) shall survive the termination of any or all relationships between the Institution and myself;
- (c) and is and shall be a continuing authorization to you.

Where any party to this Agreement for the time being comprises two or more



persons, obligations expressed or implied to be made by or with that party are deemed to be made with the persons comprising that party jointly and severally, and words importing one gender include all other genders, words denoting persons shall include natural persons, bodies corporate, unincorporated associations and partnerships, and words importing the singular include the plural and vice versa.

This Agreement shall be governed by the laws of the Federation of Saint Christopher and Nevis.

Dated this            day of

-----  
*Name*

-----  
*Name*

-----  
*Signature*

-----  
*Signature*

-----  
*Title*

-----  
*Title*

For and on behalf of:

-----  
*Account Holder*

**DECLARATION AND UNDERTAKING FROM JOINT OWNERS**

The undersigned \_\_\_\_\_

doing business with the FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED under the name and style of \_\_\_\_\_

certify that we are joint owners of the said business and hold ourselves jointly and severally responsible for all transactions entered into with the CREDIT UNION under the said trading name, whether by either of us or by persons action under our authority.

The endorsement by means of the said trading name impressed by the rubber stamp or otherwise on any instrument which may be deposited in the CREDIT UNION to the credit of the account in the said trading name SHALL be binding on the undersigned as fully and effectually as if such endorsement were written by or with the authority of the undersigned.

These presents shall continue in full force, virtue and effect as between the undersigned and the CREDIT UNION until written notice of the revocation or cancellation thereof shall have been given to the Manger of the said CREDIT UNION at which the account of the undersigned is kept and receipt of such notice duly acknowledged in writing.

Dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature \_\_\_\_\_ Witness \_\_\_\_\_

Signature \_\_\_\_\_ Witness \_\_\_\_\_

## **DECLARATION AND UNDERTAKING FROM SOLE OWNER**

The undersigned \_\_\_\_\_

doing business with the FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED under the name and style of \_\_\_\_\_

certifies that he/she is sole owner of the said business and hold himself/herself responsible for all transactions entered into with the CREDIT UNION under the said trading name, whether by himself/herself or by persons action under his/her authority.

The endorsement by means of the said trading name impressed by rubber stamp or otherwise on any instrument which may be deposited in the CREDIT UNION to the credit of the account in the said trading name SHALL be binding on the undersigned as fully and effectually as if such endorsement were written by or with the authority of the undersigned.

These presents shall continue in full force, virtue and effect as between the undersigned and the CREDIT UNION until written notice of the revocation or cancellation thereof shall have been given to the Manger of the said CREDIT UNION at which the account of the undersigned is kept and receipt of such notice duly acknowledged in writing.

Dated at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_.

Signature \_\_\_\_\_

Witness \_\_\_\_\_

# **FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED**

## **Declaration of Activities, and Source of Funds**

I, \_\_\_\_\_  
(Name of Customer)

of

\_\_\_\_\_  
(Address)

hereby declare under penalty of perjury and in the presence of the undersigned Notary Public as follows:

1. That I am employed as: (if retired state source of income)

\_\_\_\_\_  
(Description of Position)

2. That funds to be deposited into my account with the FND Enterprise Cooperative Credit Union Ltd in St. Kitts (hereinafter called "the Credit Union") will be only those which are derived by lawful means of employment or other legal source of income.

3. That the anticipated aggregate monthly deposits to my account with the credit union would be:

\_\_\_\_\_  
(Currency and Amount)

4. That I am aware that I will have to execute additional documents for all transactions over US\$10,000 or its equivalent in any currency in the first instance or for any other amount as may be required from time to time by the Credit Union.

5. That the particulars of each signatory to the account including myself, are given in the Schedule of this Declaration (hereinafter called "the Schedule") and that I/we will notify the Credit Union immediately upon any change.

6. That the names and addresses given in the Schedule are, in fact, the true names and addresses of the persons listed therein and that in respect of the names no aliases are used.

I make this Declaration conscientiously knowing that same to be true.

Made at \_\_\_\_\_  
(Place)

\_\_\_\_\_  
(Signature of Declarant)

This \_\_\_\_\_  
(Date)

Before \_\_\_\_\_  
(Name of Notary Public)

\_\_\_\_\_  
(Signature and official Seal of Notary Public)

\_\_\_\_\_  
(Address of Notary Public)

# **FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED**

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The Schedule  
(Particulars of the Signatory(ies) of the Account)

**PLEASE READ THE NOTES ON PAGE 2 AND 3 OF THIS DECLARATION BEFORE COMPLETING THE TABLE BELOW**

<b>FULL NAME, RELEVANT DATE, NATIONALITY AND SOCIAL SECURITY NUMBER/TAX IDENTIFICATION NUMBER</b>	<b>CURRENT ADDRESS</b>

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## **Notes to Schedule**

1. The following terms used in the Schedule shall have the following meanings::
  - a) “Current Address” means the current residential address of an individual or, in the case of an organization, the address of its current place of business.
  - b) “Declaration” means this Declaration, including the Schedule.
  - c) “Full Name” means forename, middle name (if any), last name, and former name (if any) of and individual or, in the case of an organization, its unabridged legal name.
  - d) “Individual” means any individual or organization.
  - e) “Nationality” means the nationality of an individual or, in the case of an organization, the country under the laws of which it was incorporated, registered or otherwise established.
  - f) “Person” means any individual or organization.
  - g) “Organization” means any company, partnership, association or other body of persons, whether corporate or unincorporated.
  - h) “Regulated Person” means any person authorized to carry on a business which is regulated by the Regulator appointed for the Island of Saint Christopher and the Island of Nevis as the case may be under the Financial Services Act, 2000.
  - i) “Relevant Date” means the date of birth of an individual or, in the case of an organization, the date on which it was incorporated registered or otherwise established.
  - j) “Tax Identification Number” means the number used to identify corporations and individuals for tax purposes.
  - k) “Social Security Number” is a number assigned by a governmental body to keep track of earnings.
2. The Signatories to the account must submit this Declaration to the Credit Union together with the following supporting documents:
  - a) In respect of every signatory to the account

- i. Certified photocopies of the first three pages of the passport and any one of the following forms of identification, national identity card, armed forces identity card or Drivers License.
3. Documents to be submitted to the Credit Union will only be accepted by it if they fully comply with the following:
  - a) All documents must be in English or accompanied by a translation acceptable by the Credit Union.
  - b) Copies of Documents must be certified by a Notary Public or Commissioner for Oaths.
  - c) The Notary Public or Commissioner for Oaths must submit copies of identification documents which must clearly show his/her full name, date of birth, recognizable picture, and signature as well as the date on which such documents expire and his/her address must be clearly disclosed.
  - d) Copies of identification documents must clearly show full name, date of birth, recognizable picture, and signature of the Beneficial Owner named therein as well as the date on which such documents expire.

# FND ENTERPRISE COOPERATIVE CREDIT UNION LIMITED

## A. FOREIGN POLITICALLY EXPOSED PERSONS (PEP) DECLARATION

Under AML Regulations of the Federation of St. Christopher and Nevis, FND Enterprise Cooperative Credit Union is required to establish if a customer is a Foreign Politically Exposed Person (Foreign PEP).

**Politically Exposed Person (PEP)** A Foreign PEP is a natural person who holds or has held an important public office in a foreign country, such as head of state, government of Member of Parliament. Immediate family members (the spouse or partner who is regarded under individual national laws as the equivalent of a spouse, the children and their spouses or partners, and parents) as well as other close associates are also treated as Foreign PEPs.

With respect to the above definition:  I declare that I AM NOT a Foreign PEP.  I declare that I AM a Foreign PEP.

## B. BENEFICIAL OWNER DECLARATION

Under the AML Regulations of the Federation of St. Christopher and Nevis, FND Enterprise Cooperative Credit Union is required to identify the beneficial owner of accounts and to determine on whose behalf transactions are carried out.

**Beneficial Owner** refers to the natural person who ultimately owns or controls a member and/or the person whose behalf a transaction is conducted.

With respect to the above definition:

I hereby declare that I AM the beneficial owner of the account being opened and undertake to notify the Credit Union immediately, in writing, of any change in the beneficial ownership.

I hereby declare that I AM NOT the beneficial owner of the account being opened. Details of the beneficial owner is as follows:

- Name: \_\_\_\_\_
- Residential Address: \_\_\_\_\_
- Country: \_\_\_\_\_
- Date Of Birth: \_\_\_\_\_
- Nationality: \_\_\_\_\_

Signed by: \_\_\_\_\_

Name: \_\_\_\_\_

**SOURCE OF FUNDS DECLARATION  
LARGE TRANSACTION REPORT**

Banking Regulations require that we verify the source of funds of this transaction. The information is for record purposes only and may be disclosed only to legally authorized agencies.

Date of Transaction: \_\_\_\_\_

**SECTION A** PARTICULARS OF CUSTOMER

1. NAME OF INDIVIDUAL (LAST, first, middle) or Company	2. NAME OF PERSON CONDUCTING TRANSACTION:
3. PERMANENT RESIDENTIAL ADDRESS:	4. OCCUPATION or NATURE OF BUSINESS:
5. HOME TELEPHONE:	6. WORK TELEPHONE:
7. NATIONALITY:	8. DATE OF BIRTH:

**SECTION B** IDENTIFICATION OF DEPOSITOR / PERSON CARRYING OUT TRANSACTION

9. FORM OF IDENTIFICATION:	10. DATE OF ISSUE:
11. PLACE OF ISSUE:	12. IDENTIFICATION #:

**SECTION C** PARTICULARS OF TRANSACTION

13. ACCOUNT #:	14. CURRENCY:	15. AMOUNT:
<input type="checkbox"/> DEPOSIT – cash / cheque <input type="checkbox"/> DEPOSIT – CURRENCY EXCHANGE <input type="checkbox"/> DEPOSIT - INCOMING WIRE <input type="checkbox"/> TRANSFER <input type="checkbox"/> OTHER (please specify)		

**SECTION D** SOURCE OF FUNDS DECLARATION

16. I hereby declare that the source of funds is: _____
_____ Signature of Member: _____

**SECTION E** FOR USE BY CREDIT UNION ONLY

<input type="checkbox"/> TRANSACTION ACCEPTED <input type="checkbox"/> TRANSACTION DECLINED	<input type="checkbox"/> MEMBER REFUSED TO SIGN FORM <input type="checkbox"/> MEMBER EXPLANATION NOT REASONABLE
<b>Remarks:</b> _____ _____	
SIGNATURES OF: Staff completing transaction: _____ Supervisor: _____ Date: _____	