VENTURE CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

KNOW YOUR MEMBER (KYM) FORM DECLARATION

FOR INDIVIDUALS Member Account No. _____

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS ☐ COUVA ☐ AROUCA ☐ SAN FERNANDO

- To comply with our obligations under the Proceeds of Crime Act, Chap. 11.27 (as amended), the Financial Obligations Regulations, 2010 (as amended) we are mandated to request the information contained therein.
- This Know Your Member/Customer (KYM/C) form should be completed for Member/Non-Member funding account(s) for account holder(s)/minor(s)

SECTION 1 - PERSONAL INFORMATION

Title (Mr. Ms. Mrs. Other) _____ First Name _____ Middle Name(s) _____ Last Name _____ Alias (If applicable) _____

Mother's Maiden Name _____ Gender: ☐ Male ☐ Female Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Common Law ☐ Divorced ☐ Widowed

Date of Birth mm/dd/yyyy _____ Country of Birth (Nationality) _____ Country of Citizenship _____ Country where tax is paid _____

Are you a National of any other Country? ☐ No ☐ Yes If Yes state: _____

Are you a citizen/permanent resident of any other country? ☐ No ☐ Yes If Yes state: _____

Is Tax paid in any other country? ☐ No ☐ Yes If Yes state: _____

SECTION 2 - INFORMATION POLITICALLY EXPOSED PERSONS (PEP)

Are you or any of your immediate family members (spouse*, child, step & adopted child, parents, siblings, child's spouse*) or their close business associates, a current or former Head of State, Head of Government, member of any House of Parliament, Minister of Government, member of the judiciary, military official above the rank of Captain, member of police above the rank of Assistant Commissioner, Permanent Secretary or Chief Technical Director in charge of a Government department/ministry/executive agency/ statutory body, official of any political party &/or director or CEO of any company owned by your country of residence or a foreign government?

☐ No ☐ Yes If Yes in what capacity? _____

* Including common-law

SECTION 3 - CONTACT INFORMATION

Residential/Permanent Address (Proof of address required – no older than 3 months)

Borough/City _____ Village _____ General Area _____ Country _____

How long have you been living at this address? If less than 10 years, please indicate previous address below.

☐ More than (Ten) 10 years ☐ Less than (Ten)10 years

Previous address:

Borough/City _____ Village: _____ General Area: _____ Country: _____

Mailing address if different from residential address:

Borough/City _____ Village _____ General Area _____ Country _____

Telephone Numbers: Home: _____ Work: _____ Mobile (1): _____ Mobile (2): _____

Email address (1) _____ Email address (2) _____

Preferred Method of Contact: Call: ☐ Home ☐ Work ☐ Mobile ☐ Email ☐ WhatsApp ☐ SMS

SECTION 4 - EMPLOYMENT INFORMATION

Primary Employment Status ☐ Full Time ☐ Part Time ☐ Retired ☐ Self Employed ☐ Student ☐ Unemployed Minor ☐

* For retired state from where, Student state school and/or area of study

Industry/Sector: Occupation/Profession: Start Date:

Employer's Name: (Business name if self-employed) Employer's Address:

Borough/City: Village: General Area: Country:

SECTION 5 - CONTACT PERSON INFORMATION

Name Address

Relationship Contact Numbers (1) Home: (2) Work: (3)Mobile : Email address

SECTION 6 - INCOME DETAILS & PROJECTED LEVEL OF ACTIVITY

Income Range _____
(e.g. between $50,000 - $150,000 gross per annum)

What is the maximum projected level of activity within a year? _____
(E.g. between $100,000 - $200,000)

Expected transaction amounts and frequency (e.g. $10,000 per month, etc.) _____

Main source(s) of Funds/Income (How will you fund your account?)
☐ Salary ☐ Investment ☐ Gift/Inheritance ☐ Pension Other: _____

Source(s) of Wealth. (How have you accumulated your wealth?)
☐ Salary ☐ Investment ☐ Gift/Inheritance ☐ Pension Other: _____

Principal Bankers Branch/Address of Principal Bankers Other

SECTION 7 - PURPOSE OF BUSINESS RELATIONSHIP INFORMATION

☐ Apply for loan facility ☐ Open/renew Fixed Deposit ☐ Regular Savings ☐ Family Indemnity Plan (FIP) ☐ Visa Debit Card Other(please indicate)

SECTION 8 - REFERENCE INFORMATION

Name of Referee	Contact Number	Reference Capacity	Years known to Referee	Are you known to the referee personally?
			☐ 1-5 Years ☐ > 5 Years	☐ Yes ☐ No
			☐ 1-5 Years ☐ > 5 Years	☐ Yes ☐ No
			☐ 1-5 Years ☐ > 5 Years	☐ Yes ☐ No

DECLARATION CONSENT

I, _____ do hereby formally and honestly declare as follows:
(Members Name in Block Letters)

1. I hereby certify/confirm that the information on this Form is to the best of my knowledge and belief, true, correct and complete.
2. I am the "Beneficial Owner" of the account.
3. I will notify VENTURE Credit Union immediately, but no later than thirty (30) days, in the event of any change(s) to the information stated on this Form. I agree that I may be required, under certain circumstances, to provide additional information/ documents confirming my status/position before an account is opened or subsequent to the relationship.

Member's Signature Date dd/mm/yyyy _____

FOR INTERNAL USE ONLY

Subsidiary/Branch/Department: _____

Documents Received from Client (kindly attach to this form)

- ☐ Driver's License
- ☐ Passport
- ☐ National Identification
- ☐ Marriage Certificate
- ☐ Resident/ Citizenship Card
- ☐ Birth/Adoption Certificate
- ☐ Court Order
- ☐ Voluntary Declaration
- ☐ Proof of Residential Address
- ☐ Tax ID (or foreign equivalent)
- ☐ Notarized Picture + Birth Certificate (Minors only)
- ☐ Decree Absolute
- ☐ Missing/Lost Documentation Certificate(s)/Evidence
- ☐ Other Supplementary(please indicate)

FOR BRANCH USE ONLY	MSO/VENTURE Officer (IN BLOCK LETTERS)	Signature	Date (dd/mm/yy):
	Loan Officer (as applicable) (IN BLOCK LETTERS)	Signature	Date (dd/mm/yy):
	Supervisor/Approving Officer (IN BLOCK LETTERS)	Signature	Date (dd/mm/yy):
	Risk Status ☐ Low ☐Medium ☐High	Comment(s)	Date (dd/mm/yy):
FOR BRANCH/ COMPLIANCE	If High Risk Approved by: (IN BLOCK LETTERS)	Signature	Date (dd/mm/yy):
	Compliance Notes:		
FOR CENTRALISED BRANCH SUPPORT	Membership Administration/Verification (IN BLOCK LETTERS)	Signature	Date (dd/mm/yy):
	Document Control/Scanning (IN BLOCK LETTERS)	Signature	Date (dd/mm/yy):