



Canning's Employees' Credit Union
Co-operative Society Limited

SOURCE OF FUNDS DECLARATION

DATE OF TRANSACTION (dd/mm/yr):		TIME OF TRANSACTION:	
MEMBER INFORMATION:			
FULL NAME (First Name, Middle Name, Surname):		DATE OF BIRTH (dd/mm/yr):	
PERMANENT ADDRESS:		ID Details: <input type="checkbox"/> ID <input type="checkbox"/> DP <input type="checkbox"/> PP	
		NATIONALITY: <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT	
		TELEPHONE #: (H) (W) (C)	
OCCUPATION / NATURE OF BUSINESS:		SELF-EMPLOYED: <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER / NAME OF BUSINESS (if self-employed):		BUSINESS ADDRESS:	
PERSON CONDUCTING TRANSACTION IF DIFFERENT FROM THE ABOVE:			
FULL NAME (First Name, Middle Name, Surname):		DATE OF BIRTH (dd/mm/yr):	
PERMANENT ADDRESS:		ID Details: <input type="checkbox"/> ID <input type="checkbox"/> DP	
		RELATIONSHIP TO MEMBER	
OCCUPATION / NATURE OF BUSINESS:		TELEPHONE #: (H) (W) (C)	
MEMBER ACCOUNT INFORMATION:			
ACCOUNT #:		<input type="checkbox"/> SHARES <input type="checkbox"/> LOAN <input type="checkbox"/> DEPOSIT <input type="checkbox"/> OTHER	
TRANSACTION DETAILS:			
CASH	\$	CURRENCY: <input type="checkbox"/> TTD <input type="checkbox"/> USD <input type="checkbox"/> CAD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> XCD <input type="checkbox"/> OTHER	
CHEQUE	\$	CHEQUE #:	FINANCIAL INSTITUTION:
WIRE TRANSFER/ DIRECT DEBIT	\$	DETAILS:	
DEBIT CARD:	\$	FINANCIAL INSTITUTION:	

DECLARATION OF SOURCE OF FUNDS:

*I declare that the source of funds for this transaction is:**

RETIREMENT FUNDS/ GRATUITY <input type="checkbox"/>	PERSONAL SAVINGS <input type="checkbox"/>	SALE OF VEHICLE <input type="checkbox"/>
SALARY/ WAGES <input type="checkbox"/>	PROCEEDS FROM INVESTMENTS <input type="checkbox"/>	EMPLOYMENT BONUS <input type="checkbox"/>
SALE/ RENTAL OF PROPERTY <input type="checkbox"/>	EXCHANGE OF FOREIGN CURRENCY <input type="checkbox"/>	SALE OF ASSETS/ SHARES <input type="checkbox"/>
PROCEEDS FROM BUSINESS/COMPANY PROFITS <input type="checkbox"/>	GIFT/ INHERITANCE/ TRUST FUND <input type="checkbox"/>	OTHER* <input type="checkbox"/>

***Details/ Particulars:**

Pursuant to the Proceeds of Crime Act Chap 11:27 and the Financial Obligations Regulations, 2010 as amended, Canning's Employees' Credit Union Co-operative Society Limited (CECU) is required to obtain information on the source of funds before accepting funds for deposit, transfer payment of debt or for the purchase of any other currency or instrument. Consent is hereby given to CECU to disclose the information provided to regulatory and/ or law enforcement authorities.

Signature of Member

**Signature of person conducting transaction
(if not Member)**

**Relationship to Member
(e.g. Spouse)**

FOR OFFICIAL USE ONLY

TRANSACTION ACCEPTED CUSTOMER REFUSED TO SIGN* TRANSACTION DECLINED* OTHER*

DETAILS/ PARTICULARS: _____

TELLER (PRINT NAME)	TELLER (Signature)	AUTHORISING OFFICER	COMPLIANCE OFFICER (Signature)
Date:		Date:	Date: