Tranquillity Credit Union Co-operative Society Limited
Source of Funds Declaration

BRANCH LOCATION: Head Office-Marava **DATE:** _____(dd/mmm/yyyy) **TIME of Trans.:** **AM/PM**

MEMBER INFORMATION

FULL NAME: _____ A/C No.:_____

ADDRESS_____

TELEPHONE: (H)_____ (W)_____ (C)_____ DOB____/_____/_____
DD MMM YYYY

IDENTIFICATION (Check Exp. Date): NATIONAL ID#_____DP#_____ PP#_____

EXPIRY DATE ____/_____/_____ ____/_____/_____ ____/____/____
DD MM YY **DD MM YY** DD MMM YYYY

OCCUPATION: _____ RESIDENT ☐ NON-RESIDENT ☐ PEP ☐

DEPOSITOR INFORMATION *(if different from above)*

FULL NAME: _____ RELATIONSHIP TO MEMBER _____

TELEPHONE: (H)_____ (W)_____ (C)_____ OCCUPATION_____

IDENTIFICATION: NAT. ID#_____ DP#_____PP#_____ DOB ____/____/_____
DD MMM YYYY

EXPIRY DATE____/_____/_____ ____/_____/_____ ____/____/____
DD MM YY **DD MM YY** **DD MM YY**

PAYMENT DETAILS: Amount Deposited - $ Receipt Number

TRANSACTION TYPE		PAYMENT TYPE:		Cheques: Show Bank Name, Chq # & Amt. *(Use overleaf if necessary)*
SHARES	☐	Cash	☐	
DEPOSIT	☐	Cheque	☐	_____
F/DEPOSIT	☐	Linx	☐	
LOAN	☐	DD	☐	_____
OTHER	☐			

DECLARATION OF FUNDS

I declare that the source of funds for this transaction is: **(Select applicable box(es)**

Savings ☐ Salary ☐ Bank ☐ Retirement ☐ Sale of vehicle ☐ Back pay ☐ Sale of property ☐

Other please specify:_____

_____

The information provided on this form will be treated confidentially. However, by reason of the requirements of the Proceeds of Crime Act (POCA), 2000, the Anti-Terrorism Act, 2005, and the Financial Intelligence Unit of Trinidad and Tobago Act,2009, and their amendments and accompanying Regulations, Tranquillity Credit Union policy requires it to be satisfied as to the source of funds before it is accepted. Consent is thereby given to the Credit Union to verify and disclose the information provided herein to law enforcement agencies.

Signature of member _____ Date: _____
DD MMM YYYY

Signature of depositor _____ Date: _____
DD MMM YYYY

FOR OFFICIAL USE ONLY

Transaction Taken By: _____ Authorizing Officer: _____

Transaction: Accepted: ☐ Transaction declined: ☐ Member refused to sign: ☐ Other (Specify): ☐

Reviewed by:_____ Compliance Officer:_____ Date:_____
DD MMM YYYY

C.O Action:_____