SOURCE OF FUNDS DECLARATION FORM

Anti-Money Laundering/Counter Terrorist Financing (AML/CFT) Source of Funds Declaration Form

Transaction Date (DD/MM/YY): _____ Member Account #: _____

MEMBER INFORMATION	
FULL NAME:	DATE OF BIRTH (DD/MM/YY):
ADDRESS:	ID#: ID ☐ DP ☐ PP ☐
	COUNTRY:
	TELEPHONE: H( )_____ C( )_____
OCCUPATION:	SELF EMPLOYED: YES ☐ NO ☐
EMPLOYER/BUSINESS TYPE:	BUSINESS TELEPHONE #:
BUSINESS ADDRESS:	

DEPOSITOR INFORMATION IF DIFFERENT FROM MEMBER	
NAME:	DATE OF BIRTH (DD/MM/YY):
ADDRESS:	ID#: ID ☐ DP ☐ PP ☐
	RELATIONSHIP TO MEMBER:
NATIONALITY:	TELEPHONE H( )_____ W( )_____ C( )_____

TRANSACTION DETAILS	
CASH ☐	**TRANSACTION AMOUNT**: $
CHEQUE ☐	**CHEQUE#:** **INSTITUTION:**
WIRE TRANSFER ☐	**NAME & ADDRESS OF ORIGINATOR:**
DEBIT/CREDIT CARD ☐	
DIRECT DEPOSIT: CASH ☐ CHEQUE ☐ _____	
ALLOCATE FUNDS TO: SHARES ☐ **DEPOSIT** ☐ **LOAN** ☐ **OTHER** ☐ _____ (please state)	

DECLARATION OF SOURCE OF FUNDS

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

PENSION/GRATURITY/SEVERANCE ☐	**PERSONAL SAVINGS** ☐	**SALARY/WAGES** ☐
SALE OF VEHICLE ☐	**PROCEEDS FROM INVESTMENT** ☐	**EMPLOYMENT BONUS** ☐
SALE OF PROPERTY/REAL ESTATE ☐	**SALE OF SHARES/DIVIDEND** ☐	**INSURANCE SETTLEMENT** ☐
PROCEEDS FROM SELF-OWNED BUSINESS ☐	**GIFT/INHERITANCE** ☐	**OTHER** ☐

DETAILS AND RELEVANT DOCUMENTS:

_____

_____

I, _____ (Print), hereby certify that the information given in this Declaration filed with CLICO Credit Union Co-operative Society Limited is TRUE and CORRECT.

By reason that the requirements of the Guidelines on Money laundering for Institutions licensed under the Financial Obligation Regulations, 2010, CCU's policy requires it to be satisfied as to the source of funds before accepting deposits. Consent is hereby given to CCU to disclose its information to law enforcement authorities.

Member Signature: _____ **Date: _____**

Source of Funds Declaration Form

OFFICAL USE ONLY

Transaction Accepted ☐ **Transaction Declined** ☐ **Transaction Incomplete** ☐ **Member Refused to Sign** ☐

TELLER	AUTHORISING OFFICER	COMPLIANCE OFFICER
(Print Name)	**(Print Name)**	**(Print Name)**
(Signature)	**(Signature)**	**(Signature)**
DATE:	**DATE:**	**DATE:**

ADDITIONAL INFORMATION:

Shares: _____

Deposit: _____

Loan: _____

Other: _____

☐ RESIDENT

☐ NON-RESIDENT

☐ POLITICALLY EXPOSED PERSON

_____

_____

_____

_____