

## KNOW YOUR MEMBER (KYC) FORM

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ALL DATES TO BE WRITTEN IN THE FORMAT DD/MM/YY Form #: GCU-2a RDD 2018 Reactivation Update 🗆 Member # .... PERSONAL INFORMATION Name: Gender Place of Birth: Date of birth: Nationality: Resident Non-Resident Country(ies) of Citizenship: Phone: (H) (C) Email No. of Dependents: Marital Status: Married Widowed Divorced Separated Common-Law Single (Please tick one) Current address: Proof of address submitted: Yes No Mailing Address: DATE OF INITIAL TRANSACTION: (if different from above)  ${\bf REVIEW\ of\ IDENTIFICATION-TWO\ REQUIRED}$ National Identification No: Birth Certificate Pin No: Driver's Permit No: Passport No: Copies attached? Copies attached? Copies attached? Yes □ No □ No □ Yes □ No □ Copies attached? No □ Yes □ Name of Credit Union: Member No: Are you a member of any other Credit Union? Yes No Are you serving on a Credit Union Board of Directors? Yes Name of Board: No How did you hear about this Credit Union? Media: Credit Union Open House: Social Media: Recommender: (Name) Address: Phone: **UNDER 16 YEARS** School Name & Address: Parent/Guardian Name & Address: Contact Info: **EMPLOYMENT INFORMATION & SOURCE OF FUNDS** Current employer: Employer address: Date of employment: Phone: Position: SOURCE OF FUNDS/FUNDING: Earnings per month: \$ PURPOSE AND INTENDED NATURE OF ACCOUNT: Employment evidence sumitted: Yes (PLEASE TICK ACCORDINGLY): SPOUSE □ /REFERENCE □ INFORMATION Name: Phone NOMINEE OF BENEFICIARY CERTIFICATE BENIFICIAL OWNER(S) Who will ultimately own/control this a/c? Name (2): Name (1): Address: Self Other Address: ID/DP/PP/: DOB: ID/DP/PP/: DOB: If OTHER please provide name(s) and relationship below – Separate KYC needed Relation: Relation: Contact: Contact: POLITICALLY EXPOSED PERSONS (FINANCIAL OBLIGATION REGULATION) Have you been or ever was entrusted with a local/foreign public function? Yes \_\_ No Are you an immediate relative or close associate of a PEP? Yes Examples of Public Functions Include: Head of State/Government, Senior Government Official, Senior Politician, Senior Executive of State-owned corporations, Military Official, Judicial Official, Senior Political Party Officials, Senior Members of the Legislature ,Senior Official of an International Organization) If Yes, state: Position: Political Party/Public Office: Source of Wealth: **DECLARATION - PLEASE TURN OVER** I hereby update my information at Guaymay Energy Alliance Credit Union Co-operative Society Limited. I agree to continue to conform to the Bye-Laws and/or amendments thereof of this Society. Also, I certify that the above information given is true and correct. Signature of applicant: Date of Update: COMPLIANCE VERIFICATION (FOR OFFICIAL USE ONLY) Appplicant enlisted on UN 2253: Yes Nο Applicant enlisted on UN Cons. Sanction List: Yes No Applicant enlisted on NCCT list: Yes No Applicant enlisted on T&T List of Consolidated Court Orders Yes No Comments: APPROVAL (FOR OFFICIAL USE ONLY) Approved: Date: President: Secretary: