AERO SERVICES CREDIT UNION CO-OPERATIVE SOCIETY LIMITED
SOURCE OF FUNDS DECLARATION FORM

(PLEASE COMPLETE IN BLOCK LETTERS)

Branch: [ ] Head Office [ ] Tobago **Transaction Date (DD/MM/YYYY):** _____/_____/_____

MEMBER INFORMATION

Member's Name: _____ **Member's Account No:** _____

Address: _____

Telephone No: (H)_____ (W)_____ (M) _____ **Date of Birth:** _____/_____/_____
DD MM YYYY

_#_____ _____/_____/_____ _____/_____/_____

[ ] National ID [ ] Driver's Licence DD MM YYYY DD MM YYYY

[ ] Passport Issue Date Expiry Date

Status: [ ] Permanent [ ] Temporary [ ] Contract/Term Empl. Ends: _____ [ ] Casual [ ] Self-Employed [ ] Retired [ ] Unemployed

If unemployed, please submit a completed and signed letter of financial support.

Residency Status: [ ] Resident [ ] Non-Resident **Nationality:** _____

Employer's Name/Business Name: _____

Profession/Occupation: _____

Self Employed: [ ] Yes [ ] No If Yes, Nature of Business: _____

DEPOSITOR INFORMATION (if different from Member)

Depositor's Name: _____ **Relationship to Member:** _____

Address: _____

Telephone No: (H)_____ (W)_____ (M) _____ **Date of Birth:** _____/_____/_____
DD MM YYYY

_#_____ _____/_____/_____ _____/_____/_____

[ ] National ID [ ] Driver's Licence DD MM YYYY DD MM YYYY

[ ] Passport Issue Date Expiry Date

TRANSACTION DETAILS

Transaction Amount: $_____ **Currency:** [ ] TT$ [ ] US$ [ ] Other: _____ **Deposit to Account No.:** _____

Transaction Type: [ ] Cash [ ] Cheque# _____ [ ] Linx [ ] Direct Deposit/ACH [ ] Credit Card

Allocate funds to: [ ] Shares [ ] Fixed Deposit [ ] FIP [ ] Flex A Save [ ] Loan _____ [ ] Other: _____

DECLARATION OF SOURCE OF FUNDS

I, _____ declare that the source of funds for this transaction is from

[ ] Personal Savings from a Financial Institution [ ] Pension Gratuity/Severance [ ] Salary/Wages [ ] Sale of a Vehicle

[ ] Investments [ ] Employment Bonus [ ] Sale of Property [ ] Gift/Inheritance [ ] Insurance Settlement

[ ] Proceeds from a Self-Owned Business [ ] Other: _____

and the information provided in this Declaration is true and correct.

To comply with prevailing anti-money laundering and countering the financing of terrorism laws, regulations and guidelines, **Aero Services Credit Union Co-operative Society Limited** is required to obtain and verify information regarding the source of funds before accepting any deposits or debt payments. Consent is given to **Aero Services Credit Union Co-operative Society Limited** to disclose information contained herein to regulatory and law enforcement agencies.

Member's Signature: _____ **Depositor's Signature:** _____ **Date:** ____/____/_____
DD MM YYYY

OFFICIAL USE ONLY

[ ] Transaction Accepted [ ] Transaction Incomplete [ ] Member did not Sign

[ ] Transaction Declined: Details _____

Supporting Documents submitted: [ ] Yes [ ] No

Cashier's/Teller's Name: _____ **Cashier's/Teller's Signature:** _____

Supervisor's Name: _____ **Supervisor's Signature:** _____

Review Date (DD/MM/YYYY): ____/_____/_____

Compliance Officer's Name: _____ **Compliance Officer's Signature:** _____

Notes: _____

Revised 4th April 2023