



U.W.I. (CAVE HILL) CO-OPERATIVE CREDIT UNION LIMITED

DECLARATION SOURCE OF FUNDS (DSF) FORM

Date: \_\_\_\_\_

BARBADOS ANTI-MONEY LAUNDERING AND COMBATting THE FINANCING OF TERRORISM LEGISLATION REQUIRES THAT FINANCIAL INSTITUTIONS VERIFY THE SOURCE OF FUNDS BEFORE ACCEPTING DEPOSITS. CONSENT IS GIVEN TO THE U.W.I. (CAVE HILL) CO-OPERATIVE CREDIT UNION LIMITED TO DISCLOSE THIS INFORMATION TO MONEY LAUNDERING PREVENTION AND CONTROL OFFICERS, FOR THE PURPOSE OF ENSURING THAT THE CREDIT UNION COMPLIES WITH MONEY LAUNDERING LEGISLATION.

| SECTION A: MEMBER INFORMATION                       |                           |                                                                                                                                                                                                       |                            |
|-----------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| MEMBER'S NAME:                                      |                           | ACCOUNT #:                                                                                                                                                                                            |                            |
| ADDRESS:                                            |                           |                                                                                                                                                                                                       |                            |
| NATIONALITY:                                        | PLACE OF BIRTH: (COUNTRY) | NATIONAL REGISTRATION #:                                                                                                                                                                              | DATE OF BIRTH: (MM/DD /YY) |
| NAME & ADDRESS OF EMPLOYER:                         |                           | OCCUPATION:                                                                                                                                                                                           |                            |
| TELEPHONE #:<br>(H) _____<br>(W) _____<br>(C) _____ |                           | TYPE OF ID PRESENTED:<br><input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENSE<br><input type="checkbox"/> NATIONAL IDENTIFICATION CARD<br><input type="checkbox"/> OTHER _____ |                            |

| SECTION B: DEPOSITOR INFORMATION (IF DIFFERENT FROM ACCOUNT HOLDER) |                           |                                                                                                                                                                                                       |                            |
|---------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| NAME:                                                               |                           | ACCOUNT #:                                                                                                                                                                                            |                            |
| ADDRESS:                                                            |                           |                                                                                                                                                                                                       |                            |
| NATIONALITY:                                                        | PLACE OF BIRTH: (COUNTRY) | NATIONAL REGISTRATION #:                                                                                                                                                                              | DATE OF BIRTH: (DD/MM /YY) |
| NAME & ADDRESS OF EMPLOYER:                                         |                           | OCCUPATION:                                                                                                                                                                                           |                            |
| TELEPHONE #:<br>(H) _____<br>(W) _____<br>(C) _____                 |                           | TYPE OF ID PRESENTED:<br><input type="checkbox"/> PASSPORT <input type="checkbox"/> DRIVER'S LICENSE<br><input type="checkbox"/> NATIONAL IDENTIFICATION CARD<br><input type="checkbox"/> OTHER _____ |                            |

| SECTION C: DETAILS OF DEPOSIT                                                                                                                                                                                                   |                                                                                                                                                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AMOUNT DEPOSITED:                                                                                                                                                                                                               | CURRENCY:                                                                                                                                                                                                                                                  |
| DEPOSIT TYPE:<br><input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE <input type="checkbox"/> WIRE TRANSFER<br><input type="checkbox"/> FOREIGN EXCHANGE (CASH)<br><input type="checkbox"/> FOREIGN EXCHANGE (CHEQUE) | TYPE OF ACCOUNT:<br><input type="checkbox"/> REG. DEPOSIT <input type="checkbox"/> SHARE SAVINGS<br><input type="checkbox"/> TERM DEPOSITS <input type="checkbox"/> JUNIOR SAVER <input type="checkbox"/> LOAN<br><input type="checkbox"/> SPECIAL SAVINGS |
| PLEASE INDICATE/DISCLOSE THE ORIGIN OF FUNDS AND FULL CHEQUE DETAILS (IF CHEQUE IS PRESENTED). IN ADDITION, PLEASE ATTACH ALL SUPPORTING DOCUMENTATION.                                                                         |                                                                                                                                                                                                                                                            |

| SECTION D: DESCRIPTION/NATURE OF TRANSACTION                                                                                                                                                    |                                         |                            |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------|
| TELLER DEPOSIT <input type="checkbox"/> DIRECT DEBIT <input type="checkbox"/> LOAN <input type="checkbox"/> MONETARY INSTRUMENT <input type="checkbox"/> WIRE TRANSFER <input type="checkbox"/> |                                         |                            |
| OTHER <input type="checkbox"/> (Please Specify) _____                                                                                                                                           |                                         |                            |
| For cheques/drafts etc. Give a brief Description<br>(E.g. Republic Bank Chq #010459)                                                                                                            | Currency & Amount<br>(E.g. BDS \$5,000) | Official Use Only (BDS \$) |
|                                                                                                                                                                                                 |                                         |                            |
|                                                                                                                                                                                                 |                                         |                            |
|                                                                                                                                                                                                 |                                         |                            |
|                                                                                                                                                                                                 | TOTAL                                   | \$                         |

## SECTION E: DECLARATION

**I DECLARE THAT THE SOURCE OF FUNDS IS FROM:**

Employment Income ☐    Sale of Property ☐    Sale of Vehicle ☐    Retirement Plan ☐    Consultancy ☐

Inheritance/Trust Fund ☐    Loan ☐    Business Transaction ☐    Other ☐ (Specify) .....

(Give Details and show supporting evidence; E.g. recipient, invoice, bank receipt, etc.)

## SECTION F: NOTARIAL CERTIFICATE (OVERSEAS MEMBERS ONLY)

I \_\_\_\_\_, Notary Public in and for the State/Province/Country of \_\_\_\_\_ do hereby

CERTIFY that on the day of the date hereof personally came and appeared before me a male/female who identified his/herself to be

within named \_\_\_\_\_ the executing party to the foregoing written documents who did in my presence duly

TRANSACTION APPROVED:      ACCEPTED ☐    DECLINED ☐ (If declined, state why)TRANSACTION APPROVED: ☒ ACCEPTED ☐ DECLINED ☐ (if declined, state why)

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|------------------------------|--|
| NAME OF TRANSACTION OFFICER: |  |
|------------------------------|--|

|                                  |                 |
|----------------------------------|-----------------|
| SIGNATURE OF TRANSACTION OFFICER | DATE (MM/DD/YY) |
|----------------------------------|-----------------|

|                                   |  |
|-----------------------------------|--|
| SIGNATURE OF TRANSACTION OFFICER: |  |
|                                   |  |

|                              |  |
|------------------------------|--|
| NAME OF AUTHORIZING OFFICER: |  |
|------------------------------|--|

**IT IS THE LAW THAT U.W.I. (CAVE HILL) CO-OPERATIVE CREDIT UNION LIMITED VERIFIES THE SOURCE OF**

**FUNDS BEFORE ACCEPTING DEPOSITS TO ANY ACCOUNT. ANY POTENTIAL FRAUDULENT INFORMATION**

**WILL BE SUBMITTED TO LAW ENFORCEMENT WHERE REQUIRED. FAILING TO COMPLETE THIS FORM MAY**

This form is subject to additional changes where necessary

Revised: November 1, 2021