



"Empowering our members
to attain financial independence"

CEMCU CREDIT UNION CO-OPERATIVE SOCIETY LIMITED

#94 Southern Main Road, Plaisance Park, Pointe-a-Pierre
Tel: 659-3823, Fax: 659-0436, Email: cemcuinformation@gmail.com

DATE JOINED: _____

MEMBER A/C No.: _____

MEMBER DUE DILIGENCE FORM

ALL FIELDS ARE TO BE COMPLETED IN BLOCK LETTERS AND NOT APPLICABLE (N/A) SHOULD BE STATED WHERE THE REQUIRED INFORMATION DOES NOT APPLY

[A] MEMBER'S IDENTIFICATION DETAILS

- Member's Full Name: _____ Gender: Male Female
- Date of Birth: _____ Place of Birth: _____ Country of Birth: _____ Nationality: _____
- Status: Please tick:

<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Citizen
<input type="checkbox"/> Marital Status: Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Other _____
- Please provide two [2] forms of ID:

[a] National ID No.: _____	Issue Date: _____	Expiry Date: _____
[b] Driver's Permit No.: _____	Issue Date: _____	Expiry Date: _____
[c] Birth Certificate No.: _____	Issue Date: _____	Country Issued: _____
[d] Passport No.: _____	Issue Date: _____	Country Issued: _____ Expiry Date: _____

[B] ADDRESS/CONTACT DETAILS

- Member's Home/Residence Address: _____
 - Years at Current Address: _____ Own Rent Relative Other
 - Previous Address (if less than 3 years): _____
 - Mailing Address (if different from B1 above): _____
 - Contact Details: Home Tel.: _____ Mobile: _____ Work: _____ Email: _____
- Please submit ANY ONE of the following valid documents (within 3 months) as proof of address (**N.B. If the utility bill is not on the member's name, written consent and valid identification are required from the bill owner to use the bill**). Please tick:
- Electricity Bill Telephone Bill (Land line only) Wasa Bill Bank Statement Other _____

[C] OCCUPATION DETAILS

- Status: Permanent Contract Retired Homemaker Self-Employed Unemployed Student
(If retired, please complete No. 2 & 3 below)
- Occupation/Profession (former/current): _____
- Name of Employer/Business Name (former/current): _____

[a] Address of Employer/Business: _____
[b] Years with Current Employer: _____
[c] If Contracted, date of termination: _____
- If Self-Employed, Name & Nature of Business Activity: _____

[a] Address of Business: _____
[b] Certificate of Incorporation (if applicable): Yes <input type="checkbox"/> No <input type="checkbox"/>
- If Student, Name of School: _____
- Gross Annual Income: < \$100,000.00 \$100,001.00 - \$200,000.00 \$200,001.00 - \$400,000.00 > \$ 400,000.00

[D] OTHER ADDITIONAL DETAILS

- Source of Funds: _____
- Source of Wealth: Please tick: Employment Business Investment Inheritance Other _____
- Spousal Information: Name of Spouse: _____
Date of Birth: _____ Country of Birth: _____ Occupation: _____



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[E] POLITICALLY EXPOSED PERSONS (PEP)

A **"politically exposed person"** means:

- [a] An individual such as the Head of State or Government, senior politician, senior government, judicial or military officials, senior executives of State-owned corporations and important political party officials who are or have been entrusted with prominent functions – (i) by a foreign country; or (ii) domestically for Trinidad and Tobago;
- [b] Persons who are or have been entrusted with a prominent function by an international organisation, which refers to members of senior management, such as directors and members of the board or equivalent functions;
- [c] An immediate family member of a person referred to in paragraph [a] such as the spouse, parent, siblings, children and children of the spouse of the person; and
- [d] Any individual publicly known or actually known to be a close personal or professional associate of the persons referred to in paragraphs [a] to [c]

A **"senior executive of State-owned corporations"** means:

- [a] The chairman, deputy chairman, president or vice-president of the board of directors;
- [b] The managing director, general manager, comptroller, secretary of treasurer; or
- [c] Any other person who performs for the body corporate functions similar to those normally performed by the holder of any office specified in [a] or [b] and who is duly appointed to perform those functions.

A **"senior politician"** means:

- [a] A person elected to office in national, local or Tobago House of Assembly elections; or
- [b] A person appointed to serve as a Senator in the Parliament of Trinidad and Tobago, appointed to serve on the Tobago House of Assembly under the Tobago House of Assembly Act or selected to serve as an Alderman in a Municipality or Regional Corporation under the Municipal Corporations Act;

A **"senior government official"** means:

A Permanent Secretary or any other person appointed as an Accounting Officer under the Exchequer and Audit Act or individual holding equivalent positions in a foreign country.

1. Do you now or have you ever been a politically exposed person (PEP), a senior executive of a State-owned corporation, a senior politician or a senior government official as per the above definitions: Yes [] No []
If yes, give details _____
2. Have you ever been a member of a terrorist group? Yes [] No []
If yes, give details _____
3. Do you now belong to any terrorist group? Yes [] No []
If yes, give details _____
4. Do you reside or work from time to time in a foreign country? Yes [] No []
If yes, indicate foreign address _____

(N.B. - A reference letter is required as confirmation / evidence of prospective foreigner / non-resident's relationship with their foreign bank)



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[E] MEMBER'S CONSENT AND DECLARATION

I _____ solemnly declare and confirm that the information given above is true and correct to the best of my knowledge and belief. I further confirm that I am not engaged in Money Laundering, Drug Trafficking, Fraud, Identity Theft or any other Crimes or illicit activities. I have not assumed the identity of any other person and the funds / deposits are beneficially owned by me and no one else.

Consent is hereby given to the Organisation to disclose this application or any information contained herein or other related confidential information, to any Law Enforcement Agencies, Regulatory Authorities, Credit Agencies, and other Banks or Regulated persons.

MEMBER'S NAME (Print) _____

MEMBER'S SIGNATURE _____

DATE _____

[If the member is a CHILD or is unable to sign, a representative [e.g. Parent, Spouse] may sign on behalf of the member and give the requested information]

FOR OFFICIAL USE ONLY

[F] STAFF PROCESSING

Documents Checklist:

- Two (2) forms of Valid identification (i.e. National identification Card, Drivers Permit, Passport)
- Proof of Address
- Beneficiary's Valid identification
- Proof of Employment – Job Letter (within 3 months)
- Proof of income – Pay slip (within 3 months)
- Self-Employed – Business Registration and financial statements
- Unemployed Persons – Evidence to support how the account will be funded
- Applicable to foreigners / non-residents only – Foreign bank reference letter
- Other _____

Taken by:

Name of Staff (Print): _____

Job Title: _____

Member checked against the following:

- UN Security Council Resolution 1267/1989/2253 Sanctions List,
- UN 1988 Sanctions Committee List,
- UN Security Council Resolutions 2231 & 1540,
- UN Security Council Committee resolution 1718,
- Un Security Council Committee resolution 2653
- The Economic Sanctions (Implementation of the UN Resolutions on Democratic People's Republic of Korea) Order, 2018
- The Economic Sanctions (Implementation of the UN Resolutions on Islamic Republic of Iran) Order, 2018
- T&T Consolidated List of Court Orders
- Online media search to include social media platforms

Search details: _____

Search conducted by:

Name of Staff (Print): _____

Signature of Staff: _____

Job Title: _____

Date: _____



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[G] MEMBER RISK ASSESSMENT

(1) MEMBER RISK	YES/NO	RISK SCORE (1 - 3)
Is the member a politically exposed person?		
Does the account activity match the member's profile?		
Has proof of identification, proof of address and source of funds documents been updated?		
Has the member been screened against the statutory Sanctions Lists and has an open source online media search been completed to include social media platforms?		
TOTALS		

(2) GEOGRAPHIC RISK	YES/NO	RISK SCORE (1 - 3)
Is the applicant a non-resident? i.e. resides or works from time to time in a foreign country?		
Does the applicant reside in an area of high incidence of criminal activity?		
Is the applicant from a FATF high risk jurisdiction?		
TOTALS		

(3) PRODUCT/SERVICE RISK	YES/NO	RISK SCORE (1 - 3)
Is there a high occurrence of non face to face transactions / instructions?		
Is there a high occurrence of electronic funds transfers?		
Are payments to third parties via loan disbursements, share withdrawals, savings withdrawals consistent with reasons given?		
TOTALS		

MEMBER RISK ASSESSMENT CATEGORIES	RISK SCORES	TOTAL RISK SCORE GUIDE:
(1) Member Risk		10 - 14 ~ LOW (1)
(2) Geographic Risk		15 - 24 ~ MEDIUM (2)
(3) Product/Service Risk		25 - 30 ~ HIGH (3)
TOTAL RISK SCORES		
APPLICANT'S ASSESSED RISK PROFILE		

Risk Profile at member's last review: _____

Date of last review: _____

Risk Assessment conducted by: _____

COMPLIANCE OFFICER NAME (Print)

OFFICER SIGNATURE

DATE

Manager's Approval (PEP's only): _____

MANAGER NAME (Print)

MANAGER SIGNATURE

DATE