



ACCOUNT No.:

DECLARATION OF SOURCE OF FUNDS

The Barbados Public Workers' Co-operative Credit Union Limited is required by law to verify the source of funds before accepting deposits to any account and to disclose such information to Law Enforcement Authorities where required. Failing to complete this form may result in the transaction not being accepted.

Transaction Location:

1. ACCOUNT HOLDER INFORMATION

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy):

EMPLOYER: OCCUPATION/NATURE OF BUSINESS:

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE No.(s): Home: Work: Ext.:

Mobile:

2. DEPOSITOR INFORMATION

MR. MRS. MS. LAST NAME:

FIRST NAME: MIDDLE NAME(S):

DATE OF BIRTH (mm/dd/yyyy):

PERMANENT ADDRESS: STREET/AVENUE:

CITY/TOWN: PARISH/STATE:

ZIP/POSTAL CODE: COUNTRY:

TELEPHONE No.(s): Home: Work: Ext.:

Mobile:

3. IDENTIFICATION INFORMATION

NATIONAL ID PASSPORT DRIVERS LICENCE OTHER (specify)

ID DETAILS:

ISSUE DATE:

EXPIRY DATE:

TELLER DEPOSIT
 FAST DEPOSIT
 LOAN
 ATM
 MONETARY INSTRUMENT
 SUREPAY
 WIRE TRANSFER
 OTHER (specify)

For cheques, drafts etc give a brief description (e.g. Bank of Barbados chq #1234)	Currency and Amount (e.g. CAN \$5,000)	Official use only (Bds \$)
	TOTAL	

DECLARATION

I declare that the source of funds is:

- SALE OF PROPERTY
 SALE OF VEHICLE
 RETIREMENT PLAN
 CONSULTANCY
 INHERITANCE / TRUST FUND
 SAVINGS
 BUSINESS TRANSACTION
 OTHER (specify)

(Give details and show supporting evidence, e.g. receipt, invoice, bank receipt, e.t.c.)

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SIGNATURE OF DEPOSITOR

DATE (mm/dd/yyyy)

5. FOR OVERSEAS MEMBERS ONLY

NOTARIAL CERTIFICATE:

I....., Notary Public in and for the Country/State/Province/County 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 the within named the executing party to the foregoing written documents who did in my presence duly sign, seal and deliver the same as and for his/her free and voluntary act and deed. Given under my hand and seal this day of20

PLACE NOTARIAL STAMP HERE

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Notary Public in and for the Country/State/Province/County of

FOR OFFICIAL USE ONLY

TRANSACTION APPROVED: YES NO (if no state reason)

NAME OF STAFF MEMBER COMPLETING TRANSACTION (please print):

SIGNATURE OF STAFF MEMBER COMPLETING TRANSACTION: DATE (mm/dd/yyyy):

NAME OF STAFF MEMBER AUTHORIZING TRANSACTION (please print):

SIGNATURE OF STAFF MEMBER AUTHORIZING TRANSACTION: DATE (mm/dd/yyyy):